



Workers Compensation
Commission

March 2019

Matter No:

/20

FORM 14A

Agreement to Discontinue Proceedings

March 2019

Agreement

Agreement to Discontinue Proceedings

This is the approved form to notify of Discontinuance of Proceedings in accordance with Rule 15.7(2) of the Workers Compensation Commission Rules 2011.

Applicant:

Respondent:

Filed by:

- | | | |
|--|--|--|
| <input type="checkbox"/> Worker | <input type="checkbox"/> Respondent | <input type="checkbox"/> Insurer/scheme agent* |
| <input type="checkbox"/> Worker representative | <input type="checkbox"/> Respondent representative | <input type="checkbox"/> Insurer/scheme agent representative |
| <input type="checkbox"/> Self-insurer | <input type="checkbox"/> Specialised insurer | <input type="checkbox"/> TMF Agent |

**Note scheme agent means scheme agent for the nominal insurer*

NOTICE TO PARTIES

This form must be used when the applicant and any other party to proceedings agree to discontinue.

PART 1 – Parties Details

1.1 Applicant details

Date of birth: / /

Title: Mr Ms Mrs Miss Dr Other

Surname/Family name: Given name(s):

Postal address: Postcode:

Email address:

Phone number:

1.2 Applicant representative details

Firm or organisation:

Postal or DX address: Postcode:

Name of representative:

Email address:

Phone number:

1.3 Respondent details

Name of
business/organisation:

ABN:

Postal or DX address:

Postcode:

Contact person:

Email address:

Phone number:

1.4 Respondent representative details

Firm or organisation:

Postal or DX address:

Postcode:

Name of representative:

Email address:

Phone number:

PART 2 – Agreement to Discontinue Proceedings

The parties agree that these proceedings in respect of:

be discontinued on: / /

The parties have agreed to the following terms for discontinuance of proceedings:

Name of applicant or representative:

Signature of applicant or representative: _____

Date: / /

Name of respondent or representative:

Signature of respondent or representative: _____

Date: / /

Lodgment Details

Hand delivery	Level 20, 1 Oxford Street Darlinghurst NSW 2010
Postal address	PO Box 594 Darlinghurst NSW 1300
Document exchange	DX 11524 Sydney Downtown
Electronic lodgment	registry@wcc.nsw.gov.au
Facsimile	1300 368 018

Privacy of Personal Information

The privacy of personal information is important to the Workers Compensation Commission. The Commission collects personal information to register application forms and make decisions about disputes or claims. The NSW workers compensation laws permit the Commission to collect this information.

The Commission may give personal information to another person or agency (e.g. a doctor, a party, State Insurance Regulatory Authority) as required or authorised by law.

Decisions by the Commission will generally be published, including on the Internet, unless there are exceptional circumstances justifying the decision being withheld.

A person has a right to access their personal information and correct any inaccuracies.