

# DISPUTE RESOLUTION APPLICATION: NO FAULT DISPUTE RESOLUTION PROTOCOLS

## Submitting this form

Send your completed form to [review@tac.vic.gov.au](mailto:review@tac.vic.gov.au)

## Important notes

This form is to be used by lawyers lodging a Dispute Resolution Application (DR Application) pursuant to the No Fault Dispute Resolution Protocols 2016.

If your office does not hold the information referred to in the TAC's decision letter, please submit a request using [TAC's Release of Information](#) (ROI) process and **select option 3**.

Please complete this form identifying the decision and the subject of the DR Application, and provide any information and documents in accordance with Chapters 5 and 10-15 of the No Fault Dispute Resolution Protocols which are already in the possession of the client and/or their lawyer and which are to be relied on in the DR.

## Disputes Pathways Innovation Trial

We're requesting new information on this form to enable swift triage of matters and facilitate earlier outcomes for clients, where possible. This includes identifying the application type (Fast Track, Time Limit, Standard) and asking for an indication of what outcome the client is seeking. Please note that any outcome is provided on a without prejudice basis and does not affect your client's right to explore other options or revise their position. It is intended to provide clarity on their goals and enable the TAC to proactively assess opportunities for resolution.

More information about the Dispute Pathways Innovation Trial is under the News tab on the [TAC Protocols webpage](#).

## Client details

Client name

Claim number

Date of birth

 /  / 

Date of accident

 /  / 

## Client's lawyer

Firm name

Practitioner

Firm address

Reference number

Fax number

Phone number

Email address

Postcode

## Decision(s) that the client is seeking to have reviewed

| Date | Decision | Reasons why the client does not agree with the decision | Outcome client is seeking |
|------|----------|---|---------------------------|
|      |          |   |                           |
|      |          |   |                           |
|      |          |   |                           |

## Application type

See Dispute pathways innovation trial definitions below

☐ Fast

Please upload the TAC's decision letter that relates to this fast track application. Fast track will only be accepted if the request is made within 1 month of the date of the TAC's decision letter and meets the criteria below.

☐ Time limit

When do you anticipate the matter will be ready to proceed, or an update will be provided to TAC?  
(must be within 120 days)

Reason for time limit application:

- ☐ Collecting necessary lodgement information
- ☐ Awaiting resolution of concurrent matter
- ☐ Other – please specify:

☐ Standard

Please provide signed client statement.

## Dispute pathways innovation trial

Fast track - Use when your Dispute application is lodged within 1 month of the TAC's decision and related to:

- TAC claim eligibility,
- income,
- surgery (within 3 months of the appointment date), or
- urgent hospital admission.

**Fast Track** applications will receive acknowledgment and direct communication via phone or email to agree upon the way forward. Please note that provision of 28-day documentation will be subject to this agreement.

**Time limit** – Use when your Dispute resolution application is lodged to preserve your client's right to review while necessary lodgement information is collected or a concurrent matter is resolved.

Time Limit applications will receive an acknowledgment of receipt and confirmation of the review date provided by the lawyer. Please note that a pre-issue review will not commence, and 28-day documentation will not be automatically provided following lodgement.

**Standard** – Use when Fast track and Time limit do not apply. Clause 6.1 – 28 days documentation is applicable.

## Supporting Material

Do you have any supporting material to attach to this application? ☐ Yes ☐ No

This could include examiner or treater reports, client statements or any other documentation that supports your application.

| Date | Source (examiner/treater/other) | Type of information (discipline/report/other) |
|------|---------------------------------|---|
|      |                                 |   |
|      |                                 |   |
|      |                                 |   |
|      |                                 |   |
|      |                                 |   |

Will you have any supporting material to send the TAC in the future? ☐ Yes ☐ No

### Request for Joint Medical Examination(s)

Are you requesting a JME in relation to this Dispute Resolution application? ☐ Yes ☐ No

If yes, please complete the details below.

*Please note this form constitutes a formal request for a JME relating to the decision(s) the subject of this dispute – a separate JME request form is not required.*

#### Exam 1

|                          |  |
|--------------------------|--|
| Examination date         |  |
| Appointment time         |  |
| Examiner's full name     |  |
| Examiner's discipline    |  |
| Examiner's email address |  |

#### Exam 2

|                          |  |
|--------------------------|--|
| Examination date         |  |
| Appointment time         |  |
| Examiner's full name     |  |
| Examiner's discipline    |  |
| Examiner's email address |  |

#### Exam 3

|                          |  |
|--------------------------|--|
| Examination date         |  |
| Appointment time         |  |
| Examiner's full name     |  |
| Examiner's discipline    |  |
| Examiner's email address |  |

#### Exam 4

|                          |  |
|--------------------------|--|
| Examination date         |  |
| Appointment time         |  |
| Examiner's full name     |  |
| Examiner's discipline    |  |
| Examiner's email address |  |

**Exam 5**

|                          |  |
|--------------------------|--|
| Examination date         |  |
| Appointment time         |  |
| Examiner's full name     |  |
| Examiner's discipline    |  |
| Examiner's email address |  |

**Timetable for supporting material to be collected by the client and provided in support of this DR Application**

| Anticipated date | Source (examiner/treater/other) | Type of information (discipline/report/other) |
|------------------|---------------------------------|---|
|                  |                                 |   |
|                  |                                 |   |
|                  |                                 |   |
|                  |                                 |   |
|                  |                                 |   |

**Denial of claim (Chapter 10) – request for TAC to pay for material**

| Source (examiner/treater/other) | Type of information (discipline/report/other) |
|---------------------------------|---|
|                                 |   |
|                                 |   |
|                                 |   |
|                                 |   |
|                                 |   |

**Proposed DR conference dates when the client will be able to participate in a DR conference**

|   |  |
|---|--|
| 1 <sup>st</sup> proposed DR conference date |  |
| 2 <sup>nd</sup> proposed DR conference date |  |
| 3 <sup>rd</sup> proposed DR conference date |  |

☐ A timetable and proposed conference dates will be provided following receipt of TAC material in accordance with Chapter 6 of the No Fault Dispute Resolution Protocols.

**Guardian/Administrator**

Has the client had an administrator appointed? ☐ Yes ☐ No

If yes, please provide supporting documentation.

## Attachments

Attachments included with this DR Application:

- |  |  |
|--|--|
| <input type="checkbox"/> Client's statement                          | <input type="checkbox"/> Medical/treating practitioner reports |
| <input type="checkbox"/> Accident Circumstances or liability reports | <input type="checkbox"/> Financial documentation               |
| <input type="checkbox"/> Medico-legal reports                        | <input type="checkbox"/> Other                                 |

## Other comments

Additional comments

The form is completed on a without prejudice basis to promote the efficient administration of the Protocols and cannot be relied upon in any later Court or Tribunal proceedings (unless otherwise agreed).

## The TAC's privacy policy

The TAC respects the privacy of clients. The TAC will retain any information provided to the TAC as part of the JME process, and may use or disclose that information to make further inquiries or assist in the ongoing management of the client's TAC claim. The TAC may also be required by law to disclose any information provided to the TAC.

If you require further information about the TAC's privacy policy, please call the TAC on 1300 654 329 or visit our website at [tac.vic.gov.au/yourprivacy](http://tac.vic.gov.au/yourprivacy)