**RESPONSE TO CLAIM FOR COSTS BY *[PARTY TITLE]***

[*SUPREME/DISTRICT/MAGISTRATES*] **Select one** COURT OF SOUTH AUSTRALIA

SPECIAL STATUTORY JURISDICTION

**[*FULL NAME*]**

**Applicant**

**[*FULL NAME*]**

**Respondent**

|  |  |  |
| --- | --- | --- |
| **Lodging party** |  |  |
|  | **Party title**  | **Full name of party** |
| Name of law firm/office |  |  |
| **If applicable** | **Law firm/office** | **Responsible Solicitor** |
| Name of authorised officer |  |
| **If body corporate and no law firm/office** | **Full name** |

|  |
| --- |
| **To the [*Party Title and Name*]**The above named party responds to the claim for costs as shown in the Response and Offer columns in the Schedule below. |

**COSTS SCHEDULE**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Item No** | **Date** | **Details of item** | **No of Pages/****Sheets/****Length of Attendance** | **Amount Claimed** | **Response****(eg Agreed, Not Agreed, Agreed in Part and succinct reason if not fully agreed)** | **Offer** |
| **LIABILITY** | **QUANTUM** |
| **SOLICITORS FEES** |
|  |  |  |  | $ |  |  | $ |
|  |  | **TOTAL SOLICITORS FEES** |  | $ |  |  | $ |
|  |
| **DISBURSEMENTS** |
|  |  | ***Counsel fees*****Specify total and attach scanned copy of accounts** |  |  |  |  |  |
|  |  |  |  | $ |  |  | $ |
|  |  | **Total counsel fees** |  | $ |  |  | $ |
|  |  | ***Other disbursements*****Specify total and attach scanned copy of accounts** |  |  |  |  |  |
|  |  |  |  | $ |  |  | $ |
|  |  | **Total other disbursements** |  | $ |  |  | $ |
|  |  | **TOTAL DISBURSEMENTS** |  | $ |  |  | $ |
| **COSTS AND DISBURSEMENTS** |
|  |  |  |  | $ |  |  | $ |
|  |  | **TOTAL COSTS AND DISBURSEMENTS** |  | $ |  |  | $ |