

To be inserted by Court

Case Number:

Date Filed:

FDN:

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		
<small>If applicable</small>	Law firm/office	Responsible Solicitor
Name of authorised officer		
<small>If body corporate and no law firm/office</small>	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 <small>(eg Agreed, Not Agreed, Agreed in Part and succinct reason if not fully agreed)</small>		Offer
					LIABILITY	QUANTUM	
SOLICITORS FEES							
				\$			\$
		TOTAL SOLICITORS FEES		\$			\$
DISBURSEMENTS							
		Counsel fees <small>Specify total and attach scanned copy of accounts</small>		\$			\$
		Total counsel fees		\$			\$
		Other disbursements <small>Specify total and attach scanned copy of accounts</small>		\$			\$
		Total other disbursements		\$			\$
		TOTAL DISBURSEMENTS		\$			\$
COSTS AND DISBURSEMENTS							
				\$			\$
		TOTAL COSTS AND DISBURSEMENTS		\$			\$