**ORIGINATING APPLICATION**

SUPREME COURT OF SOUTH AUSTRALIA

CIVIL JURISDICTION

**Please specify the Full Name including capacity (eg Administrator, Liquidator, Trustee) and Litigation Guardian Name (if applicable) for each party. Each party should include a party number if more than one party of the same type.**

First Applicant

First Respondent

First Interested Party

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| --- | --- | --- | --- | --- | --- |
| Applicant |  | | | | |
| **Full Name (including Also Known as, capacity (eg Administrator, Liquidator, Trustee) and Litigation Guardian Name (if applicable))** | | | | |
| Name of law firm / solicitor  **If any** |  | | |  | |
| **Law Firm** | | | **Solicitor** | |
| Address |  | | | | |
| **Street Address (including unit or level number and name of property if required)** | | | | |
|  |  |  | |  |
| **City/town/suburb** | **State** | **Postcode** | | **Country** |
|  | | | | |
| **Email address** | | | | |
| Phone Details |  | | | | |
| **Type - Number** | | | | |

**Duplicate panel if multiple Applicants**

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| --- | --- | --- | --- | --- |
| Respondent |  | | | |
| **Full Name (including Also Known as, capacity (eg Administrator, Liquidator, Trustee) and Litigation Guardian Name (if applicable))** | | | |
| Address |  | | | |
| **Street Address (including unit or level number and name of property if required)** | | | |
|  |  |  |  |
| **City/town/suburb** | **State** | **Postcode** | **Country** |
|  | | | |
| **Email address** | | | |
| Phone Details |  | | | |
| **Type - Number** | | | |
| Service | [ ] Sheriff service requested for this Respondent  **If requested mark with an ‘x’** | | | |

**Duplicate panel if multiple Respondents**

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| Interested Party |  | | | |
| **Full Name (including Also Known as, capacity (eg Administrator, Liquidator, Trustee) and Litigation Guardian Name (if applicable))** | | | |
| Address |  | | | |
| **Street Address (including unit or level number and name of property if required)** | | | |
|  |  |  |  |
| **City/town/suburb** | **State** | **Postcode** | **Country** |
|  | | | |
| **Email address** | | | |
| Phone Details |  | | | |
| **Type - Number** | | | |
| Service | [ ] Sheriff service requested for this Interested Party  **If requested mark with an ‘x’** | | | |

**Duplicate panel if multiple Interested Parties**

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| **Application Details**  **Mark appropriate sections below with an ‘x’**  Matter Type:  This Application is for:  [……] taxation of costs as between solicitor and client on application by a person [*claiming/liable for/who paid*] costs.  [……] taxation of remuneration, allowances and expenses of a [*manager/supervisor*] on application by the [*Attorney-General/Law Society*].  This Application is made under:  [……] clause 41 of Schedule 3 of the Legal Practitioners Act 1981.  [……] clause 37 of Schedule 3 of the Legal Practitioners Act 1981.  [……] section 48 of the Legal Practitioners Act 1981.  The applicant claims that the costs are to be taxed  [……] on the applicable [*court*] scale.  [……] at the rates in the retainer agreement dated [*date*].  [……] [*other basis*].  The applicant seeks the following orders:  **Orders sought in separately numbered paragraphs**  1.  This Application is made on the grounds set out in the accompanying affidavit sworn by  [*full name*] on the day of 20 .  **The affidavit must exhibit copies of the bill or bills for the costs to which the application relates and if the costs are to be taxed pursuant to a retainer agreement a copy of that agreement**  **Extension of time**  **If applicable**  The Applicant seeks an extension of time to institute this action pursuant to:  [……] section 48 of the Limitation of Actions Act 1936  [……] other  **State section and Act:**  The grounds for seeking the extension are set out in the accompanying affidavit. |

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| **To the other parties: WARNING**  This Application will be considered at the hearing at the date and time set out at the top of this document.  If you wish to oppose the Application or make submissions about it:   * you **must** **attend the hearing** and * you **must file and serve on all parties a Response within 14 days after service** of the Applicationand * if you wish to rely on any facts in addition to or contrary to those relied on by the party seeking the orders you **must** **file and serve on all parties an Affidavit within 14 days after service** of the Application.   If you do not do so, the Court may proceed in your absence and orders may be made **finally determining** this proceeding (including as to costs) without further warning.  For instructions on how to file a response to an application and how to obtain access to the file, visit https://courtsa.courts.sa.gov.au/?g=node/482. |

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| **Service**  The party filing this document is required to serve it on all other parties in accordance with the Rules of Court. |

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| **Accompanying Documents**  **Mark appropriate sections below with an ‘x’**  Accompanying service of this Application is a:  [……] Supporting Affidavit (mandatory)  [……] Multilingual Notice (mandatory)  [……] Notice to Respondent Served Interstate (mandatory if address of the respondent or interested party to be served is interstate)  [……] Notice to Respondent Served in New Zealand (mandatory if address of the party to be served is in New Zealand)  [……] Notice to Respondent Served outside Australia (mandatory if address of the party to be served is outside Australia but not in New Zealand)  [……] If other additional document(s) please list them below: |

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| **Note to Parties**  There are usually cost penalties for making an unsuccessful application or resisting a successful application. |