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

[*SUPREME/DISTRICT/MAGISTRATES/ENVIRONMENT, RESOURCES AND DEVELOPMENT*] **Delete all but one** COURT OF SOUTH AUSTRALIA

[*COURT OF APPEAL*] **If applicable**

CIVIL JURISDICTION

[*MINOR CIVIL*] **If applicable**

[*NAME OF LIST*] LIST **If applicable**

**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

|  |  |
| --- | --- |
| Lodging Party |  |
| **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** |

|  |
| --- |
| **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** |  | $ |  |  | $ |