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| <p><b>To be inserted by Court</b></p> <p>Case Number:</p> <p>Date Filed:</p> <p>FDN:</p> |
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**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   | <small>Full Name (including Also Known as, capacity (eg Administrator, Liquidator, Trustee) and Litigation Guardian Name (if applicable))</small> |                          |
| Name of law firm / solicitor<br><small>If any</small> | <small>Law Firm</small>   | <small>Solicitor</small> |

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|---|
| <p><b>To the <i>[Party Title and Name]</i></b></p> <p>The above named party responds to the claim for costs as shown in the Response and Offer columns in the Schedule below.</p> |
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**COSTS SCHEDULE**

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