

March 2019

Application

Application for Assessment of Costs

This is the approved form for an application for an assessment of costs under Schedule 6 of the Workers Compensation Regulation 2016 as in force before 1 November 2006 where:

- 1. Proceedings were commenced in the Commission before that date; or
- 2. The matter resolved before that date without recourse to the Commission.

Applicant:

Respondent:

Filed by:

Worker	Employer	Self-insurer
Worker representative	Employer representative	Insurer/scheme agent representative
Dependant	Scheme agent*	□ icare
—	Specialised insurer agent for the nominal insure	TMF Agent

NOTICE TO PARTIES

Application for Costs Assessment

- 1. A legal practitioner or agent who is given a bill of costs may apply to the Registrar for an assessment within 30 days after the bill of costs is given.
- 2. A legal practitioner or agent who has given a bill of costs may not apply to the Registrar for an assessment unless 30 days have passed since the bill of costs was given.
- 3. A person who has paid or is liable to pay costs, in or in connection with a workers compensation matter, as a result of an order by the Commission or agreement, may apply to the Registrar for an assessment after the period of 60 days after the making of the order of agreement.

Service of Costs Application

4. The applicant for assessment must serve a sealed copy of this application on each party or each legal representative or agent involved, within 7 days after the application is accepted by the Registrar for registration.

Objection and Response

- 5. The respondent may object to the costs application by lodging in the Commission and serving on the applicant written submissions and supporting documents within 14 days of service of the application.
- 6. The applicant may respond to any objections by lodging in the Commission and serving on the respondent written submissions and supporting documents within 7 days of service of the objections.

Assessment of Costs

7. The matter may be referred for assessment without further notice.

Matter No:

/20 (Office use only)

PART 1 – Parties Details

1.1 Worker details				
Date of birth:	/ /			
Title:	⊡Mr ⊡Ms	Mrs Miss Dr	Other	
Surname/Family name:		Given name(s):	
Postal address:				Postcode:
1.2 Worker representa	tive details			
Firm or organisation:				
Postal or DX address:				Postcode:
Name of representative:				
Email address:				
Phone number:				
1.3 Employer details				
Name of business/organisation:				
Postal or DX address:				Postcode:
1.4 Insurer/scheme ag	ent details			
Claim number:				
Name of insurer/scheme agent:				
Postal or DX address:				Postcode:
Contact person:				
Email address:				
Phone number:				
1.5 Employer/insurer/s	scheme ager	t representative d	etails	
Firm or organisation:				
Postal or DX address:				Postcode:
Name of representative:				
Email address:				
Phone number:				

PART 2 – Resolution Details

2.1 Date proceedings were commenced in the Commission: / / OR

Date of resolution if no proceedings commenced in the Commission: / /

2.2 Details of resolution (please complete):

PART 3 – Service of Bill of Costs

3.1 Date bill of costs served: / /

PART 4 – Costs Claimed

4.1 Legal services or agent services

Details of legal services or agent services including the following:

- 1. A description of the legal services or agent services provided.
- 2. Identification of each activity or event specified in Schedule 6, by reference to the item number of the activity or event that was carried out.
- 3. The amount sought.
- 4. Submissions in support.

(Attach as an annexure if required)

4.2 Disbursements

Details of outstanding disbursements including the following:

- 1. Disbursement item.
- 2. The relevant paragraph number in clause 82 or item number in Part C of Schedule 6.
- 3. Date disbursement incurred.
- 4. Amount sought.
- 5. Submissions in support of each item.

(Attach as an annexure if required)

PART 5 – Supporting Documentation

Documents and information attached to this application.

Note:

- 1. The order for payment of costs or agreement for the payment of costs must be attached to this application.
- 2. A copy of the bill of costs must be attached to this application.
- 3. A copy of the determination of the Commission or terms of settlement must be attached to this application.

Document	Author	Date of Document
		/ /
		/ /
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PART 6 – Signature

I authorise the Registrar to have access to, and to inspect, all documents of the applicant that are held by the applicant, or by any legal practitioner of agent concerned, in respect of the matter to which the application relates.

Signature of person lodging form:	Date:	/	/	
Signature of person louging torm.		/	/	

Lodgment Details	
Hand delivery	Level 20, 1 Oxford Street Darlinghurst NSW 2010
Postal address	PO Box 594 Darlinghurst NSW 1300
Document exchange	DX 11524 Sydney Downtown
Electronic lodgment	registry@wcc.nsw.gov.au
Facsimile	1300 368 018

Privacy of Personal Information

The privacy of personal information is important to the Workers Compensation Commission. The Commission collects personal information to register application forms and make decisions about disputes or claims. The NSW workers compensation laws permit the Commission to collect this information.

The Commission may give personal information to another person or agency (e.g. a doctor, a party, State Insurance Regulatory Authority) as required or authorised by law.

Decisions by the Commission will generally be published, including on the Internet, unless there are exceptional circumstances justifying the decision being withheld.

A person has a right to access their personal information and correct any inaccuracies.