

March 2019

Matter No:

/20 (Office use only)

Application

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

- Proceedings were commenced in the Commission on or after that date; or
- The matter resolved on or after that date without recourse to the Commission

2. The matter resolved on or after that date without recourse to the Commission.						
Applicant:						
Respondent:						
Fil	ed by:					
	Worker	☐ Employer	☐ Self-insurer			
	Worker representative	☐ Employer representative	☐ Insurer/scheme agent representative			
	Dependant	☐ Scheme agent*	□icare			
☐ Dependant representative *Note scheme agent means sche		Specialised insurer neme agent for the nominal insur	☐ TMF Agent er			
NOTICE TO PARTIES Application for Costs Assessment						
	assessment within 30 days after the bill of costs is given. 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.					
Service of Costs Application						
4.	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						
	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. 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.					
Ass	sessment of Costs					

The matter may be referred for assessment without further notice.

PART 1 - Parties Details

1.1 Worker details

Date of birth: / / Title: Surname/Family name: Given name(s): Postal address: Postcode: 1.2 Worker representative 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 agent details Claim number: Name of insurer/scheme agent: Postal or DX address: Postcode: Contact person: Email address: Phone number: 1.5 Employer/insurer/scheme agent representative details 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: <i>OR</i>	1 1		
Date of resolution if no proceedings commenced in the Commission:	1 1		
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

(Delete whichever is not applicable)

4.1 Part B – Table 2 General Resolution Type – applicable rate

Item: Column:
Submissions in support
(Attach as an annexure if required)

4.2 Part B – Table 1 General Resolution Type – costs payable

Item: Column:
Submissions in support
(Attach as an annexure if required)

4.3 Part B - Table 3 Special Resolution Type - costs payable

Item: Column

Submissions in support (Attach as an annexure if required)

4.4 Part B - Table 4 Additional Legal Services or other factors

Item: Column

Submissions in support (Attach as an annexure if required)

4.5 Deductions

Details of previous costs paid in relation to the injury, made under:

- 1. Compensation Costs Table of Schedule 6 in force prior to 1 November 2006.
- 2. Table 1 of Part B of Schedule 6 in force on 1 November 2006.
- 3. Table 3 of Part B of Schedule 6 in force on 1 November 2006.
- 4. Submissions in support.

(Attach as an annexure if required)

Disbursements

Details of outstanding disbursements including the following:

- 1. Disbursement item.
- 2. The relevant paragraph number in clause 82 or paragraph 17 of Part A of Schedule 6 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.

Signature of person lodging form: _____

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.

Lodgment Details				
Level 20, 1 Oxford Street Darlinghurst NSW 2010				
PO Box 594 Darlinghurst NSW 1300				
DX 11524 Sydney Downtown				
registry@wcc.nsw.gov.au				
1300 368 018				

Date: / /

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.