

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 7 of the Workers Compensation Regulation 2016:

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Applicant:				
Respondent:				
Filed by:				
Claimant	Defendant	☐ Self-insurer		
☐ Claimant representative	☐ Defendant representative	☐ Insurer/scheme agent representative		
	☐ Scheme agent*	□icare		
Specialised insurer TMF Agent *Note scheme agent means scheme agent for the nominal insurer				
NOTICE TO PARTIES				
Application for Costs Assess	sment			
 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. 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. 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 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.

PART 1 - Parties Details

1.1 Claimant details

Date of birth: / / ☐Mr ☐Ms ☐Mrs ☐Miss ☐Dr ☐Other Title: Surname/Family name: Given name(s): Postal address: Postcode: 1.2 Claimant representative details Firm or organisation: Postal or DX address: Postcode: Name of representative: Email address: Phone number: 1.3 Defendant 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: 1.5 Defendant/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 5410 01 10		, ,		
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 the table and stage or nature of costs specified in Schedule 7, by reference to the table and stage or costs number and description.
- 3. The amount sought.
- 4. Submissions in support.

2.1 Date of resolution:

(Attach as an annexure if required)

4.2 Disbursements

Details of outstanding disbursements including the following:

- 1. Disbursement item.
- 2. Date disbursement incurred.
- 3. Amount sought.
- 4. 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 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 claimant that are held by the claimant, or by any legal practitioner of agent concerned, in respect of the matter to which the application relates.

Signature of person lodging form: ______ Date: / /

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.

Form 15B – March 2019