IN THE SUPREME COURT OF VICTORIA AT MELBOURNE

IN THE COURT OF APPEAL

CIVIL DIVISION

S EAPCI 20xx xxxx

BETWEEN

|  |  |
| --- | --- |
| [APPLICANT’S NAME] | Applicant |
|  |  |
| and |  |
|  |  |
| [RESPONDENT’S NAME] | Respondent |

**SET DOWN FOR HEARING**

|  |  |
| --- | --- |
| Date of document: Filed on behalf of: Party’s or lawyer’s name and address: | Solicitor’s code:  DX: Tel: Fax: Ref: Attention: Email: |

Set this application for leave to appeal/appeal down for hearing.

Date:

……………………………………

[Name]

[Signature of lawyer/self-represented party]