

**IN THE SUPREME COURT OF VICTORIA
COMMON LAW DIVISION
TRUSTS, EQUITY AND PROBATE LIST**

S PRB [Application No.]

In the matter of the deceased estate of [name]

Application by:

[Plaintiff's name]

Plaintiff(s)

[Defendant/Applicant/Caveator name]

Defendant(s)/Applicant(s)/Caveator(s)

RECEIPT FOR PAYMENT OF COURT FEES

Date of document:

Filed on behalf of [name of party]

Prepared by: [name and
address of lodging party]

Ref: [solicitors only]

DX: [solicitors only]

CODE: [solicitors only]

E-mail: [e-mail address]

Tel: [number]

Payment of the prescribed fee for (please tick the relevant box and detail specific day of trial, where required):

- Hearing fee for first day
- Hearing fee for day 2 to 4 Specify: Day _____ of trial
- Hearing fee for day 5 to 9 Specify: Day _____ of trial
- Hearing fee for day 10+ Specify: Day _____ of trial

- Setting Down for Trial (Notice of Trial not required)

- Mediation (one day)

- An interlocutory application or other application for day 2+ (one day)

Signed:

Dated: