

**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)

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**RECEIPT FOR PAYMENT OF COURT FEES**

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Date of document:

Filed on behalf of [name of party]

Prepared by: [name and  
address of lodging party]

Ref: [solicitors only]

CODE: [solicitors only]

Tel: [number]

E-mail: [e-mail address]

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

- |   |                             |
|---|-----------------------------|
| <input type="checkbox"/> Hearing fee for first day  |                             |
| <input type="checkbox"/> Hearing fee for day 2 to 4   | Specify: Day _____ of trial |
| <input type="checkbox"/> Hearing fee for day 5 to 9   | Specify: Day _____ of trial |
| <input type="checkbox"/> Hearing fee for day 10+  | Specify: Day _____ of trial |
| <br><input type="checkbox"/> Setting Down for Trial (Notice of Trial not required)                  |                             |
| <br><input type="checkbox"/> Mediation (one day)  |                             |
| <br><input type="checkbox"/> An interlocutory application or other application for day 2+ (one day) |                             |

**Signed:**

**Dated:**