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 |

**RECEIPT FOR PAYMENT OF COURT FEES**

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

Payment of the prescribed fee for *(please tick the relevant box and insert the day of hearing or mediation the fee relates to)* -

**Hearing fee for application for leave to appeal/appeal**

|  |  |  |
| --- | --- | --- |
| [ ]  Where appeal not from the Commercial Court | Day of hearing: |  |
| [ ]  Where appeal from the Commercial Court | Day of hearing: |  |

**Mediation fee**

|  |  |  |
| --- | --- | --- |
| [ ]  Where appeal not from the Commercial Court | Day of mediation: |  |
| [ ]  Where appeal from the Commercial Court | Day of mediation: |  |

Date:

……………………………………

[Name]

[Signature of lawyer/self-represented party]