

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**

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

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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**

<input type="checkbox"/> Where appeal not from the Commercial Court	Day of hearing: _____
<input type="checkbox"/> Where appeal from the Commercial Court	Day of hearing: _____

**Mediation fee**

<input type="checkbox"/> Where appeal not from the Commercial Court	Day of mediation: _____
<input type="checkbox"/> Where appeal from the Commercial Court	Day of mediation: _____

Date:

.....  
[Name]  
[Signature of lawyer/self-represented party]