IN THE SUPREME COURT OF VICTORIA
IN THE COURT OF APPEAL
CIVIL DIVISION

S EAPCI

BETWEEN

[APPLICANT'S NAME] Applicant

and

[RESPONDENT'S NAME] Respondent

RECEIPT FOR PAYMENT OF COURT FEES

Date of document:	Solicitor code:
Filed on behalf of:	Tel:
Prepared by:	Ref:
[name and address]	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]