

IN THE SUPREME COURT OF VICTORIA
COMMON LAW DIVISION
[INSERT LIST]

S ECI

BETWEEN

Plaintiff

and

Defendant

RECEIPT FOR PAYMENT OF COURT FEES

Date of Document:

Solicitors Code:

Filed on behalf of:

Telephone:

Prepared by:

Ref:

Email

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 (fee payable for each day) | <i>Specify:</i> Day _____ of trial |
| <input type="checkbox"/> Hearing fee for day 5 to 9 (fee payable for each day) | <i>Specify:</i> Day _____ of trial |
| <input type="checkbox"/> Hearing fee for day 10+ (fee payable for each day) | <i>Specify:</i> Day _____ of trial |
| | |
| <input type="checkbox"/> Jury fee for first day | <i>Specify:</i> Day _____ of trial |
| <input type="checkbox"/> Jury fee for days 2 to 6 (fee payable for each day) | <i>Specify:</i> Day _____ of trial |
| <input type="checkbox"/> Jury fee for day 7+ (fee payable for each day) | <i>Specify:</i> Day _____ of trial |
| | |
| <input type="checkbox"/> Setting Down for Trial <i>(Notice of Trial not required)</i> | |
| | |
| <input type="checkbox"/> Mediation <i>(one day)</i> | |
| | |
| <input type="checkbox"/> Case Management Conference <i>(one day)</i> | |
| | |
| <input type="checkbox"/> An interlocutory application or other application for day 2+ <i>(one day)</i> | |

Signed:

Dated: