

APPLICATION FOR COSTS ORDER

Court Reference: _____

Name of Child: _____

Gender: _____ Date of Birth: _____

Address: _____

Details of this application

This application is for costs against *[name of party]*

_____ in favour of the applicant.

This application is made by:

*the child

*a parent of the child

*the Secretary

*the principal officer of an Aboriginal agency

*Independent Child Lawyer

*Other _____

Costs sought \$ _____

Grounds for application:

Applicant's name: _____

Applicant's email: _____

Agency *[if applicable]*: _____

Applicant's [or agency] address: _____

Applicant's phone: _____

Application filed by—

*Legal Representative

Name: _____

Email: _____
Agency/Firm: _____
Address: _____
Phone: _____
*Applicant _____
Date: _____

Signature: _____

Notice to parties

You are entitled to attend the hearing of this application. If you do not attend, the Court may proceed to hear and determine the application in your absence.

Details of the hearing

A hearing of this application will be held at the Children’s Court as follows:
Date: _____ Time: _____
Place: _____

Issued at [place]: _____
Date of issue: _____

Registrar

*Delete if not applicable