Form 127

Rule 40.18

Bill of costs

No.       of 20

Federal Court of Australia

District Registry: [State]

Division: [Division]

**[Name of First Applicant]** [if 2 or more add "and another" or "and others"]

Applicant[s]

**[Name of First Respondent]** [if 2 or more add "and another" or "and others"]

Respondent[s]

Costs of the [role of party eg Applicant] to be taxed pursuant to the order of [Name of Judge] made on [date]

**Date by which the estimate is expected to be made:** [Registry will notify of the date for the estimate]

**Registry**: [address of Court]

**Note**: The written estimate is done in the absence of the parties and will be sent to the parties. No appearance is required unless notified otherwise by the Court.

Date:

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| Signed by an officer acting with the authority of the District Registrar |

**PART A. CERTIFICATE**

|  |  |
| --- | --- |
| I, [Insert full name of lawyer/costs consultant] [insert title eg "Lawyer for the Costs Applicant/s" or "Costs consultant for the Costs Applicant/s"] certify that:1. I have read the Federal Court’s Costs Practice Note (GPN-COSTS).
2. The Costs Applicant[s], [state name of party or parties with the benefit of the costs order] [is/are] [entitled/not entitled] to claim input tax credits in respect of GST relevant to the claims in the bill and [has/have] complied with Part 6 of the Costs Practice Note.
3. In the bill:
4. the Costs Applicant[s] [is/are] not claiming more than the Costs Applicant[s] [is/are] liable to pay for costs and disbursements; and
5. the calculations made are correct.
6. The amounts claimed in the bill are capable of further verification through source material (such as file records, tax invoices and receipts for payment) should such material be required by the Court to be produced.

Date:

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|  Signed by [Name of lawyer] |

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**PART B. TABLES OF RATES**

1. **Lawyers**

| Name of lawyer | Position / title | Years of experience | Hourly Rate Excluding GST $ | Hourly Rate Including GST $ |
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1. **Counsel**

| Name of counsel | Position / title | Years of experience | Hourly Rate Excluding GST$ | Daily Rate Excluding GST $ |
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**PART C. SPECIAL NOTES**

**Orders / Rules:** [Insert relevant orders/rules that the Bill of Costs is being taxed pursuant to]

**Relevant Claim period:** [Insert relevant Scale and if more than one Scale, insert details of relevant Scale applied]

**Exceptional Circumstances:** [Insert any exceptional circumstances. Refer to paragraphs 5.14 and 5.15 of the Costs Practice Note]

**Loading:** [Insert concisely any special comments here, but only if necessary. Refer to paragraphs 5.14 and 5.15 of the Costs Practice Note]

**PART D. CLAIMS – COSTS**

| Claim No.  | Date | Scale Item | COSTSDescription of work done | Amount [inclusive/exclusive]of GST $ | Amount taxed off $ |
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|  |  |  | **Total Costs claimed** |  |  |

**PART E. CLAIMS – DISBURSEMENTS**

| Claim No.  | Date | DISBURSEMENTSDescription of disbursements incurred | Amount [inclusive/exclusive] of GST $ | Amount taxed off $ |
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|  |  | **Total Disbursements claimed** |  |  |

**PART F. TOTAL OF CLAIMS – COSTS & DISBURSEMENTS**

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| --- | --- | --- |
| Costs & Disbursements | Amount claimed [inclusive/exclusive] of GST $ | Amount taxed and allowed $ |
| **Total Costs claimed** |  |  |
| **Total Disbursements claimed** |  |  |
| **Total Costs and Disbursements claimed** |  |  |