



Administrative Decisions Tribunal
New South Wales

**APPLICATION FOR LEAVE TO APPEAL AGAINST THE
DETERMINATION OF A COSTS ASSESSMENT**

Section 365 (2) Legal Profession Act 2004

LEGAL SERVICES DIVISION

File number

For office use only

PARTIES

Applicant

Respondent

DETERMINATION OF COSTS ASSESSOR

I attach a copy of the determination made by the costs assessor **OR**

A brief description of the determination made by the costs assessor is:

GROUNDS FOR LEAVE TO APPEAL

The grounds on which I am seeking leave to appeal are:

PARTY DETAILS

APPLICANT

Name

Address for service

Phone

Fax

Details of Applicant's legal representative

Legal Practitioner's name

Firm

Address

DX

Telephone

Fax

File reference

RESPONDENT

Name

Address

DX

SIGNATURE

Your signature

Name

Date

REGISTRY DETAILS

Level 15, St James Centre, 111 Elizabeth St Sydney 2000

DX 1523 Sydney

Phone 02 9223 4677 Freecall 1800 060 410

Facsimile 02 9233 3283

TTY 02 9235 2674

www.lawlink.nsw.gov.au/adt

HOW TO COMPLETE THIS FORM

THESE INSTRUCTIONS ARE NOT TO BE FILED

Do not include any information about the proceedings on this part of the form.

** OPTIONAL INFORMATION

Some information in this form may not be relevant to your proceedings. An item marked with ** may be omitted if it is not relevant to your proceedings.

TITLE OF PROCEEDINGS

Applicant

Include the full name of the Applicant. If the Applicant is a company, include the name, director's name and ACN of the company.

Respondent

Include the full name of the Respondent. If the Respondent is a company, include the name and ACN of the company.

DETERMINATION OF COSTS ASSESSOR

You should include a copy of the determination to be appealed if you have it and the date you were notified about the determination.

GROUNDINGS FOR SEEKING LEAVE TO APPEAL

Using numbered paragraphs include the matters you would like the Tribunal to consider when deciding whether to grant leave to appeal.

PARTY DETAILS

Include the address for service of the party who is filing the form. For example, the following information should be included if the form is being filed by the legal practitioners for a party.

Address	[Name of firm]
	[ACN if relevant]
	[Street address]
	[DX address]
	[Telephone number]
	[Fax number]
	[Email address]
	[Legal Practitioner's file reference]

SIGNATURE

This form must be signed by:

- A legal practitioner for the party
- If the party does not have a legal practitioner, an authorised person, or the party.

If a legal practitioner or authorised person is signing the form, include information about the capacity in which the person is signing the form eg. legal practitioner for the applicant.