**TASMANIA**

**MAGISTRATES COURT (CIVIL DIVISION)**

**FORM 28**

**BILL OF COSTS FOR ASSESSMENT**

**MAGISTRATES COURT** ACTION No.           .

Address:

Phone No:       Fax No:

**CLAIMANT**:

**DEFENDANT**:

**CLAIMANT’S / DEFENDANT’S BILL OF COSTS PURSUANT TO THE ORDER OF MAGISTRATE**      **............................................................................ DATED**      **.......................**

Scale: Routine  Complex . Amount claimed in the action : $

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Disallowed At Assessment** | | **Item No.** | **Scale Item** | **Date** | **Item Description** | **Disbursements** | **Professional Charges** |
| *Costs* | *Disbts* |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  | **Sub Total (Charges)**  **Sub Total (Disbursements)**  **Total Costs and Disbursements**  **plus taxing fee** | $ | $  $  $ |
| $ | $ |  |  |  |  | **Assessed At:** | $ |

DATED the       day of       19     .

SIGNED: .......................................................................................................................................

**TAKE NOTICE** that the Registrar has appointed the day of 20      at .      ............am / pm at the Magistrates Court at       as the date, time and place for the assessment of this Bill of Costs.

..............................................................

REGISTRAR

Filed by or on behalf of ..................…………...............................................whose address for the service of documents is: ..........................................................................   
Phone: Fax: DX:   
Contact: