**THE KING'S BENCH**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Centre**

BETWEEN:

plaintiff/applicant

- and -

defendant/respondent

**NOTICE OF APPOINTMENT FOR ASSESSMENT OF COSTS**

|  |
| --- |
|  |
|  |
|  |

*(Name, address and telephone number of party filing)*

**THE KING'S BENCH**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Centre**

BETWEEN:

plaintiff/applicant

- and -

defendant/respondent

**NOTICE OF APPOINTMENT FOR ASSESSMENT OF COSTS**

TO THE PARTIES

I HAVE MADE AN APPOINTMENT to assess the costs of

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, a copy of whose bill of costs is attached to this notice

*(identify party)*

on\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_\_ at \_\_\_\_\_\_\_\_ at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

*(day) (date) (time) (address)*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date signature of assessment officer

TO:

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| --- |
|  |
|  |
|  |
| *(name and address of lawyer or party*  *on whom notice is served)* |