

## APPENDIX A

### COSTS OUTLINE (FORM 57B)

The (*identify party*) provides the following outline of the submissions to be made at the hearing in support of the costs he/she/it will seek if successful:

Fees (as detailed below)	\$
Estimated counsel fee for appearance	\$
Disbursements (as detailed in the attached appendix)	\$ _____
Total	\$

The following points are made in support of the costs sought with reference to the factors set out in rule 57.01(1):

- the amount claimed and the amount recovered in the proceeding

- the complexity of the proceeding

- the importance of the issues

- the conduct of any party that tended to shorten or to lengthen unnecessarily the duration of the proceeding

- whether any step in the proceeding was improper, vexatious or unnecessary or taken through negligence, mistake or excessive caution

- a party's denial of or refusal to admit anything that should have been admitted

- the experience of the party's counsel

- the hours spent, the rates sought for costs and the rates actually charged by the party's lawyer

<b>FEE ITEMS</b> (e.g. pleadings, affidavits, cross-examinations, preparation, hearing, etc.)	<b>PERSONS</b> (identify the lawyers, students and law clerks who provided services in connection with each item together with their year of call, if applicable)	<b>HOURS</b> (specify the hours claimed for each person identified in column 2)	<b>PARTIAL INDEMNITY RATE</b> (specify the rate being sought for each person identified in column 2)	<b>ACTUAL RATE*</b>

\* specify the rate being charged to the client for each person identified in column 2. If there is a contingency arrangement, state the rate that would have been charged absent such arrangement.

- any other matter relevant to the question of costs

**LAWYER'S CERTIFICATE**

I CERTIFY that the hours claimed have been spent, that the rates being charged to the client are correct and that each disbursement has been incurred as claimed.

Date: \_\_\_\_\_

(Signature of lawyer)

APPENDIX

AMOUNTS CLAIMED FOR DISBURSEMENTS

DISBURSEMENT (specify each disbursement being claimed)	AMOUNT (inclusive of GST if applicable)	
	TOTAL	