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

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

* 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	