



Workers' Compensation Conciliation Service 2 Bedbrook Place Shenton Park WA 6008 Ph 08 9388 5555 @WorkCoverWA www.workcover.wa.gov.au

APPLICATION FOR ORDER AND/OR ASSESSMENT OF COSTS Form 108

NOTES FOR LODGING PARTY

- · Complete this form if you wish to apply to the Conciliation Officer for an order and/or assessment of costs.
- Attach a separate page(s) to this form if you do not have enough space.
- · This form must be signed.
- · Completed forms can be lodged by either:

POST Workers' Compensation Conciliation Service, WorkCover WA, 2 Bedbrook Place, SHENTON PARK WA 6008 IN PERSON WorkCover WA, 2 Bedbrook Place, SHENTON PARK WA 6008 (Monday to Friday, 8am to 5pm) EMAIL
Documents may be
lodged by email subject
to conditions. See the
WorkCover WA website.

For further information or assistance in completing this form, please contact WorkCover WA's Advice and Assistance Unit on 1300 794 744 or (08) 9388 5537 (TTY).

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- 1. Case number
- 2. Applicant
- 3. Respondent

State Applicant and Respondent as on the Application for Conciliation (Form 100)

4. Lodged by (tick relevant box)

Worker Employer Insurer Dependant

Worker representative Employer representative Insurer representative Service provider

Other (please specify)

SECTION B - TYPE OF APPLICATION

5. Please indicate by ticking the box(es)

Order as to costs and/or Assessment of costs

SECTION C - SUPPORTING DOCUMENTATION REQUIRED

6. Supporting documents must accompany the Application. Indicate by ticking the boxes

Statement detailing the items claimed (in the form of a Bill of Costs for assessment) is attached

Copies of vouchers, accounts and receipts relevant to the costs claimed are attached

SECTION D - SIGNATURE

(dd/mm/yyyy)