Workers' Compensation Arbitration Service
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GOVERNMENT OF WESTERN AUSTRALIA

WorkCoverWA

APPLICATION FOR ORDER AND/ OR ASSESSMENT OF COSTS Form 164

NOTES FOR PARTIES

- Complete this form if you wish to apply to the Arbitrator or the Registrar for an order and/or assessment of costs pursuant to rule 61 and/or rule 62 of the *Workers' Compensation and Injury Management Arbitration Rules 2011*.
- Attach a separate page(s) to this form if you do not have enough space.
- This form **must** be signed.
- Completed forms must be lodged online at https://online.workcover.wa.gov.au, or if you are EDS exempt and choose not to lodge online, by either:

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

- If lodging by post or in person, you must file the original application and attachments with the Workers' Compensation Arbitration Service, plus a copy for each party to the dispute.
- Sealed copies will be returned to you for service on the other parties.

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

SECTION A - CASE DETAILS

1. Case number

2. Applicant

3. Respondent

State Applicant and Respondent as on the Application for Arbitration (Form 150)

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

Signature

Name

Date