

Application No. \_\_\_\_\_

## HEARING EXPENSE CLAIM

**BETWEEN:** \_\_\_\_\_  
9 Landlord 9 Tenant

APPLICANT

**AND:** \_\_\_\_\_  
9 Landlord 9 Tenant

RESPONDENT

Please itemize expense(s) - Receipts must be attached for each expense claimed.

1. Application Filing Expense: \_\_\_\_\_
2. Registered Mail, Courier Service, or Express Post Expense(s): \_\_\_\_\_  
\_\_\_\_\_
3. Process Server Expense(s) - Detailed invoice to be attached \_\_\_\_\_  
\_\_\_\_\_
4. Other Expense(s): (example Justice of Peace cost to swear an Affidavit) \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant(s)

### **IMPORTANT INFORMATION**

**THIS FORM IS TO BE COMPLETED BY THE APPLICANT AND TOGETHER WITH RECEIPTS SUBMITTED AT THE HEARING. (RECEIPTS WILL BE REQUIRED).**

App-3