



Application to pay Financial Hardship Fee

- Cross boxes where applicable. Type or print clearly providing all details required.
- Attach an extra page if you need more space for any of the details requested
- Only an individual (i.e. a natural person) can apply to pay the financial hardship fee

NOTE: Financial hardship fees only apply to filing and hearing fees and **do not** apply to any other fees or expenses in relation to the proceedings, including service fees, transcript charges or lawyers' costs and expenses.

Notice to applicant for payment of financial hardship fee

For approval to pay the financial hardship fee, you will need to show that your income, day-to-day living expenses, liabilities and assets are at such that payment of the full fee would cause you financial hardship.

This form must be lodged at the same time as the document on which that fee must be paid is lodged.

If your application relates to an existing proceeding, it will assist if you include the file number and file name (e.g. Smith v Commonwealth of Australia) in the appropriate fields at the top right hand corner of this page.

In considering your application the Registrar may ask you to provide additional documentary evidence to support your claims. In that case, your application will be returned to you with instructions in the 'Notice of request for more information' on page 6.

WARNING

Under the Criminal Code any person who knowingly makes an untrue representation or statement to obtain a benefit or advantage from the Commonwealth is guilty of an offence and, if found guilty, can be fined or imprisoned.

A Details of the individual applying to pay the financial hardship fee

1 Name

family name (surname)

given names

Address and daytime telephone number

address to which documents for you can be sent

post code

telephone

Occupation and Employment

occupation

name of employer

work address

2 Fee type

Type: Filing fee Hearing fee

Specify:

B Details of income

1. The details of my and my dependants' (if any) income (including government pensions, benefits and allowances, workers' compensation, superannuation, rent, board, interest, dividends), calculated **fortnightly**, are as follows *[if no relevant income, write "nil" in the appropriate field below]*:
[In this form, dependants are persons who rely on you or on whom you rely for financial support and include spouse, de facto partner and children.]

| Nature of Income | My amount | My dependants' amount |
|---|-----------|-----------------------|
| Fortnightly pay (after tax) | \$ | |
| Government pension, benefit or allowance (please specify) | \$ | |
| Workers' compensation | \$ | |
| Superannuation received | \$ | |
| Interest on deposits/debentures | \$ | |
| Child support, spousal and child maintenance | \$ | |
| Other income (e.g. rent or board paid to you, share dividends, support from others) | \$ | |
| TOTAL | \$ | |

Please note you may be asked to provide documentary evidence to support your claim.

2. The full name of each of my dependants is:

| Full Name | Relationship to me |
|-----------|--------------------|
| | |
| | |
| | |

3. I receive financial support or a financial contribution from family and others, e.g. room and board calculated **fortnightly**, as follows *[if no financial support or contribution write "nil" below]*:

| Name of person providing support and nature of relationship | Nature of support | Value in \$ per fortnight |
|---|-------------------|---------------------------|
| | | \$ |
| | | \$ |
| TOTAL | | \$ |

C Details of property and assets

"Property and assets" include land, houses, money in bank accounts and other investments, cars, boats, shares, moneys owed to you, interests in a deceased estate, and interests in a trust. If any property or asset is owned jointly with someone other than a dependant, give the name of the other owner.

4. My property and assets (other than bank accounts) are as follows *[if no assets write "nil" below]*:

| | My details (my share/interest) | My dependants' amount |
|---|--------------------------------|-----------------------|
| 1. Liquid Assets (other than bank accounts) | | |
| Cash (not in a bank account) | \$ | |
| Other investments (e.g. shares, debentures, bonds) | \$ | |
| Money owed to you | \$ | |
| Sub total - liquid assets | \$ | |

| | | | |
|--|----|----|--|
| 2. Non-liquid Assets | | | |
| House / Land | | | |
| - Market value | \$ | | |
| - Amount of Mortgage | \$ | | |
| - Net value | | \$ | |
| Motor Vehicle | | | |
| - Market value | \$ | | |
| - Amount owing on vehicle | \$ | | |
| - Net value | | \$ | |
| Value of household furniture and electrical goods | | \$ | |
| Other assets | | \$ | |
| Interest in a trust, business or partnership | | \$ | |
| Sub total – non-liquid assets | | \$ | |
| TOTAL of property and assets | | \$ | |

5. Money in bank, credit union, building society accounts and other financial institutions in my name or the names of any of my dependants.

| Account Name | Name of Bank | Amount in account |
|--------------|--------------|-------------------|
| | | \$ |
| | | \$ |
| | | \$ |
| TOTAL | | \$ |

Please note you may be asked to provide documentary evidence to support your claim.

D Details of expenses

6. My day-to-day living expenses (including living expenses of my dependants that are normally paid by me), calculated **fortnightly**, are as follows:

| Nature of Expense | \$ per fortnight | Nature of Expense | \$ per fortnight |
|---------------------------------------|------------------|---------------------------------|------------------|
| Rent / Board | | Gas/electricity/other utilities | |
| Mortgage repayments | | Telephone | |
| Other loan repayments | | Health care | |
| Council / Water rates | | Child care | |
| Insurance premiums | | Education | |
| Food | | Other: | |
| Clothing | | Other: | |
| Spouse/Child maintenance | | Other: | |
| Travel and motor vehicle | | Other: | |
| Total of Column 1 | \$ | Total of Column 2 | \$ |
| Total of Column 1 and Column 2 | | \$ | |

Please note you may be asked to provide documentary evidence to support your claim.

G Affidavit of applicant (to be signed in the presence of the witness)

I swear/affirm (*cross out incorrect one*) that:

1. I seek to pay the financial hardship fee instead of the full fee.
2. I have read this application and the details and other information attached to it.
3. The facts in it that are within my personal knowledge are true.
4. All other facts are true to the best of my knowledge, information and belief.
5. I have disclosed all relevant financial information.
6. I am aware that it is an offence to provide information or a document in connection with this application that is false or misleading.
7. I will notify the Court Registry if there are any changes to my circumstances that alter the information given in this application while the Court is dealing with my case.

Signature

Sworn/affirmed [*Cross out incorrect one*]

| | |
|--|---------------------------------------|
| | Place: _____ Date: ____ / ____ / ____ |
|--|---------------------------------------|

Before me (signature of witness)

Full name of witness (please print)

| | |
|--|--|
| | |
|--|--|

Justice of the Peace Other authorised person specify

This application was prepared by: applicant lawyer

(print name and firm if lawyer)

| |
|--|
| |
|--|

