**APPLICATION FOR WAIVER OF COURT FEES**

Section 22of the *Magistrates’ Court Act 1989*

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | Court Reference: | | | |  |
|  | | | | | | | |
| Case Description: |  | | | | *Plaintiff/Applicant* | | |
|  | V | | | | | | |
|  |  | | | | *Defendant/Respondent* | | |
| Applicants Address: |  | | | | | | |
|  |  | | | | | | |
| Email: |  | | | Phone: | |  | |
|  |  | | |  | |  | |
| Document application relates to: | |  | | | | | |
| Filing fee payable: | | $ | | | | | |
|  | | | | | | | |
| **PLEASE NOTE:**  You are about to complete an affidavit which is a legal document.  By law, any person who intentionally makes a false statement in an affidavit could be charged with the offence of perjury. If found guilty, you could be fined or imprisoned for up to 15 years. | | | | | | | |
| |  |  | | --- | --- | |  | | | **FEE WAIVER DUE TO FINANCIAL HARDSHIP** | | | You may make an application if paying the applicable fee would cause you financial hardship. Please complete **Parts (A) to (G)** of this application form, including the acknowledgements below. | | | *Please tick the boxes below AND acknowledge that you have read and understood**the outlined conditions.* | | |  | | | I acknowledge that: | | |  | I am making this application in my own representative capacity, and not on behalf of a company or corporation. | |  | It may not be possible for the Registrar to assess an application for a fee waiver on the spot. Every effort will be made to assess each application as soon as possible and within a reasonable timeframe. | |  | If documents are required to be filed with the Court by a set date and a fee is payable you mustallow sufficient time before the due date for processing your application as the Court may require further information from you. | |  | I may be required to supply additional documentary evidence to support this claim, upon request. | |  | | | *Note* – an application for fee waiverdoesnot apply to fees for searches, photocopying or provision of certified orders. | | | | | | | | | |

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| Please note, your application will not be accepted unless the following documentation is provided (where applicable): | | | | | | | |
| * Bank statements for all accounts and loans held by you for at least three months preceding this application. * Copies of pay slips for three months immediately preceding this application (if employed). * Your latest business activity statement (if self-employed). * Copies of statements of any government payments received within three months immediately preceding this application. * A copy of your current Health Care Card (if applicable). * If you own property, a copy of your most recent council rates notices, showing the valuation of your property. * If you own any financial assets, copies of statements or other documentation evidencing those assets and income derived from them. * If you are represented by a solicitor, a signed cost agreement and disclosure statement. | | | | | | | |
|  | | | | | | | |
| **Please answer the following:** | | | | | | **Yes** | **No** |
| 1 | Are you aware that even if you are successful in this matter, you may have to pay your own legal fees and witness costs? | | | | |  |  |
| 2 | Are you aware that if you are unsuccessful in this matter, it is highly likely that you will incur your own legal costs, costs of the other parties and witness costs? | | | | |  |  |
| 3 | Do you have a solicitor acting for you in this matter? | | | | |  |  |
| 4 | Do you propose to have a solicitor act for you? | | | | |  |  |
| 5 | If you have answered ‘Yes’ to questions 3 or 4, what is the name and contact details of the firm of solicitors? | | | | |  |  |
|  | | | | | | | |
| Signed: | |  |  | | | | |
| Print Name: | |  |  | Dated: |  | | |
| |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  | |  | | | | | | | | | | | | | **PART A** | | **YOUR DETAILS** | | | | | | | | | | | | |  | | | | | | | | | | | | | | | **EMPLOYMENT** | | | | | | | | | | | | | | | Occupation: | | | | |  | | | | | | | | | | Employer: | | | | |  | | | | | | | | | | Work Address: | | | | |  | | | | | Phone: | |  | | |  | | | | | | | | | | | | | | | **LIVING ARRANGEMENTS** | | | | | | | | | | | | | | | I *(select one)* | | | |  | | pay rent/board | |  | own my home | |  | | am paying a mortgage | |  | | | |  | | Other *(please specify)*: | |  | | | | | | |  | | | | | | | | | | | | | | | **MY FAMILY** *(select and complete all items that apply)* | | | | | | | | | | | | | | |  | I have a spouse/partner living with me (married or de facto relationship) | | | | | | | | | | | | | |  | I live alone | | | | | | | | | | | | | |  | I live with a parent or friend/s | | | | | | | | | | | | | |  | I have | | *(number)* | | | | dependent children | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| The details of each of my dependant(s) are: | | | | | | | | | | |
| Full Name | | | | |  | Relationship to me | | |  | Age |
|  | | | | |  |  | | |  |  |
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|  | | | | | | | | | | |
| Have you previously made an application for a fee waiver to the Magistrates’ Court in this, or in any | | | | | | | | | | |
| other proceeding? | | |  | Yes | | |  | No | | |
|  | | | | | | | | | | |
| If ‘Yes’, provide details: | |  | | | | | | | | |
|  | |  | | | | | | | | |
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| **PART B** | **DETAILS OF INCOME** | | | | | | | | | |
| The details of my income and my spouse/partner’ (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]* | | | | | | | | | | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **Nature of Income** | | | | | | | | | | | | | | | | | | | | | | | | | **My amount** | | | | | | | | | | | | | | | | | | | | **Spouse/partner amount** | | | | | |
| Fortnightly pay *(after tax)*  *(please provide payslips / statement of income from your employer)* | | | | | | | | | | | | | | | | | | | | | | | | | $ | | | | | | | | | | | | | | | | |  | | | $ | | | | | |
| Government pension, benefit or allowance (please provide details and documentary evidence) | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |  | | | | | |
|  | | | | | | | | | | | | | | | | | | | |  | | | | | $ | | | | | | | | | | | | | | | | | $  $  **$** | | | $ | | | | | |
|  | | | | | | | | | | | | | | | | | | | |  | | | | | $ | | | | | | | | | | | | | | | | |  | | | $ | | | | | |
|  | | | | | | | | | | | | | | | | | | | |  | | | | | $ | | | | | | | | | | | | | | | | |  | | | $ | | | | | |
| Workers’ compensation | | | | | | | | | | | | | | | | | | | | | | | | | $ | | | | | | | | | | | | | | | | |  | | | $ | | | | | |
| Superannuation received | | | | | | | | | | | | | | | | | | | | | | | | | $ | | | | | | | | | | | | | | | | |  | | | $ | | | | | |
| Interest on deposits / debentures | | | | | | | | | | | | | | | | | | | | | | | | | $ | | | | | | | | | | | | | | | | |  | | | $ | | | | | |
| Child support, spousal and child maintenance | | | | | | | | | | | | | | | | | | | | | | | | | $ | | | | | | | | | | | | | | | | |  | | | $ | | | | | |
| Other income  *(for example, rent or board paid to you, share dividends)* | | | | | | | | | | | | | | | | | | | | | | | | | $ | | | | | | | | | | | | | | | | |  | | | $ | | | | | |
| **TOTAL** | | | | | | | | | | | | | | | | | | | | | | | | | **$** | | | | | | | | | | | | | | | | |  | | | **$** | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| I receive financial support or a financial contribution from a spouse, partner, family, and others, as follows*:* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| *[If no financial support or contribution write "nil" below]* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Name of person providing support** | | | | | | | | | | | | | | | | | | **Nature of support** | | | | | | | | | | | | | | | | | | | | **Amount per fortnight** | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |  | | |  | | | | | | | | | | | | | | | | | |  | | $ | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |  | | |  | | | | | | | | | | | | | | | | | |  | | $ | | | | | | | | | | | | |
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|  | | | | | | | | | | | | | | | | | | **TOTAL** | | | | | | | | | | | | | | | | | | | | $ | | | | | | | | | | | | |
| **PART C** | **DETAILS OF PROPERTY AND ASSETS** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Money in bank, credit union, building society accounts and other financial institutions in my name, in my name and another persons’ jointly or that of my dependants’: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| *["Property and assets" includes land, houses, money in bank accounts and other investments, cars, boats, shares, moneys owed to you, interests in a deceased estate or 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.]* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Please provide bank statements for the last three months prior to lodging your application. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Account Name** | | | | | | | | | | | | | | | | | **Name of Bank** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Amount in Account** | |
|  | | | | | | | | | | | | |  | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | $ | |
|  | | | | | | | | | | | | |  | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | $ | |
|  | | | | | | | | | | | | |  | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | $ | |
|  | | | | | | | | | | | | | | | | | **TOTAL** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **$** | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Do you have access to funds in any accounts other than those listed above, whether in your name or | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| otherwise? | | | | | | | | | |  | | Yes | | | | | | | | | |  | | | | | | | No | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| If ‘Yes’, provide details: | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Are you able to draw funds from any mortgage or trust fund? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | Yes | | | | | | | | | | | | |  | | No |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| If ‘Yes’, provide details: | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| My property and assets (other than bank accounts) are as follows *[if no assets write "nil" below]*: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Assets** | | | | | | | | | | | | | | | | | | | | | | | | | **My share/interest** | | | | | | | | | | | | | | | | | | | | | | | **Spouse/ partner share/interest** | | |
| Cash (not in a bank account): | | | | | | | | | | | | | | | | | | | | | | | $ | | | | | | | | | | | | | | | | | | |  | | | | | | $ | | |
| Property - House / Land | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Address of house/land | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Market value | | | | | | | **$** | | | | | | | | | | | | |  | | | **$** | | | | | | | | | | | | | | | | | | |  | | | | **$** | | | | |
| Amount of Mortgage | | | | | | | **$** | | | | | | | | | | | | |  | | | **$** | | | | | | | | | | | | | | | | | | |  | | | | **$** | | | | |
| Net value | | | | | | |  | | | | | | | | | | | | | | | | **$** | | | | | | | | | | | | | | | | | | |  | | | | **$** | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mortgage Account: | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | , |  | | | | | | | | | | | | | | | | |
|  | | | | *Name of Bank* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | , | *Account name* | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |  | | | | | | | | | | | | |  | |  |
| Do you have an offset account? | | | | | | | | | | | | | | | |  | | | Yes | | | | | | | | | | |  | No | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Motor Vehicle(s):** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Vehicle make and model | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Market value of vehicle 1 | | | | | | | | **$** | | | | | | | | | | | | |  | | | | **$** | | | | | | | | | | | | | | | |  | | | | | | **$** | | | |
| Amount owing on vehicle | | | | | | | | **$** | | | | | | | | | | | | |  | | | | **$** | | | | | | | | | | | | | | | |  | | | | | | **$** | | | |
| **Net value** | | | | | | | |  | | | | | | | | | | | | |  | | | | **$** | | | | | | | | | | | | | | | |  | | | | | | **$** | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Vehicle make and model | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Market value of vehicle 2 | | | | | | | | **$** | | | | | | | | | | | | |  | | | **$** | | | | | | | | | | | | | | | |  | | | | | | | **$** | | | |
| Amount owing on vehicle | | | | | | | | **$** | | | | | | | | | | | | |  | | | **$** | | | | | | | | | | | | | | | |  | | | | | | | **$** | | | |
| **Net value** | | | | | | | |  | | | | | | | | | | | | |  | | | **$** | | | | | | | | | | | | | | | |  | | | | | | | **$** | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Value of household furniture and electrical goods: | | | | | | | | | | | | | | | | | | | | | | | | | | | | **$** | | | | | | | | | | | |  | | | | | | | **$** | | | |
| Other investments: *(for example, shares, debentures, bonds)* | | | | | | | | | | | | | | | | | | | | | | | | | | | | **$** | | | | | | | | | | | |  | | | | | | | **$** | | | |
| If so, give details: | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |
| Money owed to you: | | | | | | | | | | | | | | | | | | | | | | | | | | | | **$** | | | | | | | | | | |  | | | | | | | | **$** | | | |
| If so, give details | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Do you have an interest in a trust, business or partnership? | | | | | | | | | | | | | | | | | | | | | | | | | | | | **$** | | | | | | | | | | |  | | | | | | | | **$** | | | |
| If so, give details. | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **TOTAL property and assets** | | | | | | | | | | | | | | | | | | | | | | | | | | | | **$** | | | | | | | | | | |  | | | | | | | | **$** | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **PART D** | | **DETAILS OF EXPENSES** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| My day-to-day living expenses (including living expenses of any dependant that are normally paid by me), calculated fortnightly, are as follows: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Nature of Expense** | | | | | | **Amount per fortnight** | | | | | | | | | | | | | | | | | | | | **Nature of Expense** | | | | | | | | | | | | | | | | | | **Amount per fortnight** | | | | | | | |
| Rent / Board | | | | | | **$** | | | | | | | | | | | | | | | | | | | | Travel and motor vehicle | | | | | | | | | | | | | | | | | | **$** | | | | | | | |
| Mortgage repayments | | | | | | **$** | | | | | | | | | | | | | | | | | | | | Gas/electricity/utilities | | | | | | | | | | | | | | | | | | **$** | | | | | | | |
| Other loan repayments | | | | | | **$** | | | | | | | | | | | | | | | | | | | | Telephone | | | | | | | | | | | | | | | | | | **$** | | | | | | | |
| Council / Water rates | | | | | | **$** | | | | | | | | | | | | | | | | | | | | Health care | | | | | | | | | | | | | | | | | | **$** | | | | | | | |
| Insurance premiums | | | | | | **$** | | | | | | | | | | | | | | | | | | | | Child care | | | | | | | | | | | | | | | | | | **$** | | | | | | | |
| Food | | | | | | **$** | | | | | | | | | | | | | | | | | | | | Education | | | | | | | | | | | | | | | | | | **$** | | | | | | | |
| Clothing | | | | | | **$** | | | | | | | | | | | | | | | | | | | | Other: | | | | | | | | | | | | | | | | | | **$** | | | | | | | |
| Spouse/Child maintenance | | | | | | **$** | | | | | | | | | | | | | | | | | | | | Other: | | | | | | | | | | | | | | | | | | **$** | | | | | | | |
| **Total of Column 1** | | | | | | **$** | | | | | | | | | | | | | | | | | | | | **Total of Column 2** | | | | | | | | | | | | | | | | | | **$** | | | | | | | |
| **TOTAL of Column 1 and Column 2** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **$** | | | | | | | |
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| **PART E** | | | **DETAILS OF LIABILITIES** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **My liabilities are as follows:**  *[If any liabilities are owed jointly with someone other than a dependant, give the name of the other person]*  *[If no liabilities write "nil" below]* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Liability** | | | | | | | | | | | | | | | | | | | | | | | | | | | **My details** | | | | | | | | | | | | | | | | **My spouse/partner’s details** | | | | | | | | |
| Amount owing on other loans | | | | | | | | | | | | | | | | | | | | | | | | | | | **$** | | | | | | | | | |  | | | | | | **$** | | | | | | | | |
| *(please list and provide statements from lender)* | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Amount owing on credit card(s) | | | | | | | | | | | | | | | | | | | | | | | | | | | **$** | | | | | | | | | |  | | | | | | **$** | | | | | | | | |
| *(please list and provide statements from lender)* | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Amount owing to any businesses or individuals | | | | | | | | | | | | | | | | | | | | | | | | | | | **$** | | | | | | | | | |  | | | | | | **$** | | | | | | | | |
| *(please list and provide statements from lender)* | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Other** (please specify): | | | | | | | | | | | | | | | | | | | | | | | | | | | **$** | | | | | | | | | |  | | | | | | **$** | | | | | | | | |
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| **TOTAL amount owing** | | | | | | | | | | | | | | | | | | | | | | | | | | | **$** | | | | | | | | | |  | | | | | | **$** | | | | | | | | |

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| **PART F** | **ADDITIONAL INFORMATION** | | | | | |
|  | | | | | | |
| Do you have capacity to access or borrow funds? | | |  | Yes |  | No |
|  | | | | | | |
| If ‘Yes’, provide details: | |  | | | | |
|  | |  | | | | |
|  | | | | | | |
| Please set out below any special circumstances or other information concerning your financial position which you believe will help the Registrar decide upon your application for waiver of Court fees: | | | | | | |
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| **PART G** | | | | **AFFIDAVIT OF APPLICANT** | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | |
| *This affidavit must be witnessed by a Justice of the Peace, police sergeant, legal practitioner or other person qualified to witness statutory declarations under section 19 of the* ***Oaths and Affirmations Act 2018****. Alternatively, this document may be witnessed by a Registrar at your local Registry when you submit the application.* | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | |
| I | |  | | | | | | | | | | | | | | | |
|  | | *Name of deponent* | | | | | | | | | | | | | | | |
| of | |  | | | | | | | | | | | | | | | |
|  | | *Address* | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | |
| *occupation* | | | | | | | | | | | | | | | | | |
| make the following affidavit under the *Oaths and Affirmations Act 2018*: | | | | | | | | | | | | | | | | | |
| 1. | I am the Applicant for a waiver of Court fees; | | | | | | | | | | | | | | | | |
| 2. | I have read the details of this application and the other information attached to it | | | | | | | | | | | | | | | | |
| 3. | The facts in this application are within my personal knowledge, and I believe them to be true and correct; | | | | | | | | | | | | | | | | |
| 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 may be required to provide further documentary evidence to support my claim; and | | | | | | | | | | | | | | | | |
| 8. | Following the submission of this application, I will notify the Court if my circumstances change. | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | |
| The contents of this affidavit are true and correct and I make it knowing that a person making a false affidavit may be prosecuted for the offence of perjury. | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | |
| Declared at | | | | |  | | | | | | | | | In the state of Victoria | | | |
| This | | |  | | | | Day of | |  | | | | | | | | 202 |
|  | | | | | | | | | | | | | | | | | |
| Signature of Deponent | | | | | | | |  | | | | | | | | | |
|  | | | | | | | |  | | | | | | | | | |
| Before me | | | | | | | |  | | | | | | | | | |
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|  | | | | | | | | | | | | | | | | | |
| A person authorised under section 19(1) of the *Oaths and Affirmations Act 2018* to witness the signing of an affidavit. | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | |
| This application was prepared by: | | | | | | | | | |  | The Applicant | |  | | A lawyer | | |
| Name of lawyer: | | | | | |  | | | | | | Solicitors Code: | | | |  | |
| Filed on behalf of: | | | | | |  | | | | | | Telephone: | | | |  | |
| Prepared by: | | | | | |  | | | | | | DX: | | | |  | |
|  | | | | | | Ref: | | | |  | |