

APPLICATION FOR WAIVER OF COURT FEES

Section 22 of 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:	\$		
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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 must allow 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 waiver does not apply to fees for searches, photocopying or provision of certified orders.

USE, DISCLOSURE AND SECURITY:

Your personal information and any other information you provide will be dealt with in accordance with the provisions of the *Privacy and Data Protection Act 2014 (Vic.)*. Any information submitted or collected is captured and maintained in secure data and information management systems. The Magistrates' Court of Victoria will not disclose any details to any third parties without your consent unless it is required by law. The Court stores and manages information in a secure location with access restricted to court employees only.

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:

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:

PART A YOUR DETAILS

EMPLOYMEN	г				
Occupation:					
Employer:					
Work Address:				Phone:	
LIVING ARRAI	NGEMENTS				
l (select one)	pay rent/b	oard	own my home		am paying a mortgage
	Other (plea	ase specify):			
MY FAMILY (se	elect and complete a	all items that apply)			
I have a sp	oouse/partner liv	ving with me (ma	arried or de facto r	elationship)	
I live alone	•				
□ I live with a parent or friend/s					
I have	(number)	dependent chi	ldren		

Yes

 \square

 \square

 \square

Dated:

No

 \square

 \square

The details of each of my dependant(s) are:

Full Name		Relationship to me	Age
	<u> </u>		
Have you previously made other proceeding?	an application for a	a fee waiver to the Magistrates' Court in this, or ir	n any
If 'Yes', provide details:			
-			
-			

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]

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
		\$
		\$
		\$
	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 dependents':

["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 dependent, 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
		\$
		\$
		\$
	TOTAL	\$
Do you have access to funds in any a otherwise?	accounts other than those listed above, whet Yes	her in your name or
Are you able to draw funds from any If 'Yes', provide details:	mortgage or trust fund?	🗌 No

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	it):	\$	\$
Property - House / Land			
Address of house/land			
Market value	\$	\$	\$
Amount of Mortgage	\$	\$	\$
Net value		\$	\$
Mortgage Account: 	Name of Bank ount?	, Account na	ame
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 asset	s	\$ \$

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 0	Column 2		\$

PART E DETAILS OF LIABILITIES

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)	\$	\$

AFFIDAVIT OF FI	INANCIA		JWISTANCES
(please list and provide statements from lender)			
Amount owing to any businesses or individua (please list and provide statements from lender)	als (\$	\$
Other (please specify):		6	\$
TOTAL amount owing		5	\$
PART F ADDITIONAL INFORM	ATION		
Do you have capacity to access or borrow t	funds?	Yes	□ No
If 'Yes', provide details:			
Please set out below any special circumsta which you believe will help the Registrar de			

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 <u>Oaths and Affirmations Act</u> <u>2018</u>. 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 Depone	nt	
Before me		

A person authorised under section 19(1) of the Oaths and Affirmations Act 2018 to witness the signing of an affidavit.

This application was p	repared by:] The App	licant		A lawyer
Name of lawyer:			Solicitors Cod	le:	
Filed on behalf of:			Telephone:		
Prepared by:			DX:		
_			Ref:		