



APPLICATION FOR WAIVER, DEFERRAL AND PAYMENT BY INSTALMENTS

INSTRUCTION FOR COMPLETING THIS FORM:

1. Waivers apply to Court fees only and do not apply to fees to serve documents on persons.
2. This form is to be used where you are eligible for a waiver, deferral or application to pay by instalments.
3. You are not required to complete the financial declaration pages UNLESS you are applying on the basis of financial hardship
4. Where you are applying on the basis of being an eligible centrelink recipient, or an approved legally aided client, or where a solicitor is conducting your case pro-bono or from a community legal centre supporting documentation will be required.

- you must complete Section A
- you must complete either Section B or C
- if you are applying due to a grant of Legal aid you must have your lawyer sign section D or provide a legal aid grant number.
- You must complete Section E
- If you are applying on the basis that you cannot pay these fees due to financial hardship you must complete pages 3 and 4.

A. PERSONAL INFORMATION

FULL NAME: _____

ADDRESS: _____

TELEPHONE: _____

DOB: _____

TYPE OF FEE: _____

FILE NUMBER: _____

CRN NO: _____

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B. WAIVER

I APPLY FOR THE WAIVER OF THE FULL / PARTIAL FEE IN THE AMOUNT OF \$ _____ ON THE FOLLOWING GROUNDS:

- I am on a pension and have a commonwealth health concession card. (you must present either original or a copy with this application)
I am legally assisted by a lawyer who is providing services on either a legal aid or pro bono basis or who works for a community legal centre.
I am unable to pay the fee because of financial hardship (complete p3 and 4)
I rely on the following other grounds (eg Victim of crime proceedings)

C. DEFERRAL

I APPLY FOR DEFERRAL OF THE FULL / PARTIAL FEE IN THE AMOUNT OF \$ _____ IN THE FOLLOWING TERMS:

- Payment by instalments of \$ _____ per week / fortnight / month first payment to commence (date) _____
To be paid after judgement given or completion of the matter
Payment of fees be deferred until _____

D. CERTIFICATION OF LAWYER ACTING ON LEGAL AID/PRO BONO/ COMMUNITY LEGAL CENTRE BASIS OR LEGAL AID GRANT REFERENCE NUMBER.

I certify that I am providing services on a pro bono / legal aid basis or I am a lawyer from a community legal centre.

_____ date _____
(name and signature or legal aid reference number)

E. SIGNATURE OF APPLICANT

Sign here X _____ date _____

OFFICE USE ONLY
Centrelink / health care card sighted if applicable Y/N
Signed by lawyer or legal aid grant letter or supporting doc sighted Y/N
APPLICATION GRANTED / REFUSED
IF REFUSED reasons for refusal
Signature of Registrar or delegate _____ date _____

Financial hardship declaration

I (*name*)

Of (*address*)

Solely and sincerely declare that the statement of my financial position are true and correct.

and I make this declaration pursuant to the *Oaths, Affidavits and Declarations Act 2010* and state that:

1. This declaration is true; and
2. I know that it is an offence to make a statutory declaration that is false in any material matter.

INCOME (per fortnight)

Centrelink payments	\$
Salary / Wages / contract	\$
Income of partner or spouse	\$
Other income (investments, rent etc)	\$
<u>Total income</u>	<u>\$</u>

ASSETS

	Details	Amount of value
Bank account (2)		\$
House / Land details of address / value		\$
Motor vehicle		\$
Household goods / furniture		\$
Other assets		\$
<u>Total assets</u>		<u>\$</u>

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LIABILITIES (per fortnight)

Rent / Board	\$	Telephone	\$
Mortgage repayments	\$	Health Care	\$
Food	\$	Child Care	\$
Power and water	\$	Education	\$
Insurance	\$		\$
Credit card payment	\$	Motor vehicle expenses	\$
Car loan payment	\$	Clothes	\$
Personal loan payment	\$	Child / spouse maintenance	\$
Other loan payment	\$	Fares / taxi / bus	\$
other loan payment	\$	other expenses	\$
Total	\$	Total	\$
		<u>Grand total of Liabilities</u>	\$

Declared at _____

this _____ day of _____ 20_____

Signature _____

Before me, _____

Name _____

Qualification _____

NOTE: A person wilfully making a false statement in a statutory declaration is liable to a penalty of \$53,200 or imprisonment of 4 years.

QUALIFIED PERSONS WHO CAN WITNESS DECLARATION: