SUPREME COURT OF TASMANIA

APPLICATION FOR WAIVER, REDUCTION, REFUND OR POSTPONEMENT OF A FEE

The Court registrar may waive, reduce, refund, or postpone payment of any fee where it appears that the payment of that fee would, owing to the exceptional circumstances of the particular case, involve undue hardship.

Please complete all sections of this form and lodge with the Court Registry.

FILE NUMBER:

FILE NAME:

1. My full name is:

2. I live at:

Po

st

code:

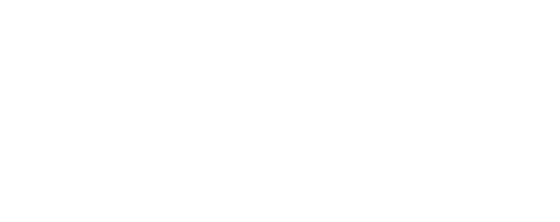
3. My postal address is:

Po

st

code:

|  |  |  |  |
| --- | --- | --- | --- |
| 4. |  | My contact telephone number is: | Work: |
|  |  |  | Home: |



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# ELIGIBILITY

I currently receive the following means-tested pension or other benefit, and produce my card or other documentation as proof:

|  |  |
| --- | --- |
| ❏ | Health Care Card |
| ❏ | Health Benefit Card |
| ❏ | Pensioner Concession Card |
| ❏ | Commonwealth Seniors Health Card |
| ❏ | Any other card issued by Centrelink or the Department of Veterans' Affairs that certifies entitlement to Commonwealth health concessions |
| ❏ | Youth allowance or Austudy payment |
| ❏  OR | Abstudy benefits |
| ❏ | I am in receipt of Legal Aid |
| ❏ | I have received a "Notice of Exemption" from an approved Community Legal Centre |

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:

*NOTES:*

* + *if no relevant income, write “nil” in the appropriate boxes 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.**

1. The full name of each of my dependant(s) is/are:

|  |  |
| --- | --- |
| **Full Name** | **Relationship to Me** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

1. I receive financial support or a financial contribution from family and others, e.g. room

and board, calculated fortnightly, as follows (if no relevant income, write “nil” below):

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

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.

1. 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** | | **$** | $ |

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

1. 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.**



DETAILS OF EXPENSES

1. 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.**



DETAILS OF LIABILITIES

“Liabilities” include outstanding mortgages, credit card debts, other moneys owed by you. If any liabilities are owed jointly with someone other than a dependant, give the name of the other person.

1. My liabilities are as follows

*[if no liabilities write “nil” below]:*

|  |  |  |
| --- | --- | --- |
|  | **My Details** | **My Dependants’ Details** |
| Amount owing on my mortgage | $ | $ |
| Amount owing on other loans | $ | $ |
| Credit card(s) |  |  |
| - Amount owing | $ | $ |
| - Limit on the card(s) | $ | $ |
| Amount owing to any businesses or individuals (please include details of each liability) | $ | $ |
| Other, please specify | $ | $ |
| **TOTAL amount owing** | **$** | **$** |

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



ADDITIONAL INFORMATION

Please set out any other information concerning your financial position which you believe will help the Registrar decide your application

# STATUTORY DECLARATION

[Before signing, you must read and take note of this declaration and undertaking]

I do solemnly and sincerely declare that to the best of my knowledge and belief the information I have set out in this document is true and that, where any estimate is given, it is given in good faith. I have read and understand the warning set out below. I will notify the Registrar if there are any changes to my circumstances that alter the information given above while the Court is dealing with my case.

I acknowledge that if the Registrar permits me to pay some or all of the relevant Court fees by instalments:

1. I will pay those instalments promptly on the nominated dates;
2. If I fail to pay one or more instalments on time the whole of the outstanding amount will be due and payable immediately;
3. The Court reserves the right to take legal proceedings to recover the full amount of the outstanding debt without further notice to me;
4. If my financial circumstances change so as to enable me to pay the relevant Court fees in a lump sum or in larger or more frequent instalments I will notify the court immediately and make such payment or payments immediately.

I acknowledge that if the Registrar permits me to postpone payment of the relevant Court fees until receipt of damages from my Court proceedings:

1. I will instruct my solicitor to, or, if I do not employ a solicitor I will, pay the balance fees outstanding from the proceeds of settlement within 7 days of receiving such settlement.
2. I, and my solicitor, will bear in mind that I am obligated to pay the relevant Court fees on settlement when negotiating any settlement of my claim for damages or compensation.
3. The balance of outstanding relevant Court fees must be paid to the Court within 7 days of receipt of damages from my Court proceedings and that consent judgment will not be entered until payment in full is made.

I make this solemn declaration under the Oaths Act 2001.

Signature: ……………………………………………………………………………..

Declared at ……………………………………on ……………………………………………

Before me, ……...……………………………………………………………………………..

(Justice of the Peace, Commissioner for Declarations or authorised person)

Warning

Any person who wilfully makes a statement on oath knowing it to be false, or not believing it to be true, is guilty of a crime and, if found guilty, can be fined or imprisoned. (Criminal Code s.95)

# REGISTRAR’S DECISION

I consider that:

1. owing to the circumstances of this particular case the imposition of a fee may cause undue hardship and I direct that the fee should be:

❏ Waived in full

OR

❏ Reduced to $

OR

❏ Postponed on the following terms:

OR

❏ Refunded in full/in part.

OR

1. the imposition of a fee will not cause undue hardship and the Application is refused.

……………………..………………… REGISTRAR

DATED: …………………………….…