

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: _____

Postcode: _____

3. My postal address is: _____

Postcode: _____

4. My contact telephone number is: Work: _____

Home: _____

5. I apply for exemption of the following fee(s);

Type of fee:	Amount of Fee:
<input type="checkbox"/> All fees that may be payable in the proceeding	
OR	
<input type="checkbox"/> Filing fee on commencing proceedings	\$ _____
<input type="checkbox"/> Transcript Fee	\$ _____
<input type="checkbox"/> Other (please specify)	\$ _____

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
 - Abstudy benefits
- OR
- 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.

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

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 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.

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	\$	\$

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

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.

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.

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.

7. 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.

REGISTRAR'S DECISION

I consider that:

(a) 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

(b) the imposition of a fee will not cause undue hardship and the Application is refused.

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REGISTRAR

DATED: