Form 24

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| APPLICATION FOR REDUCTION/REMISSION OF FEE  **Magistrates Court of South Australia (Civil Division)**  [www.courts.sa.gov.au](http://www.courts.sa.gov.au) | | | | | | | | Court Use  Date Filed: | |
|  | | | | | | | | | |
| Trial Court |  | | | | | Action No |  | | |
| Address |  | | |  | | |  | |  |
|  | *Street* | | | *Telephone* | | | *Facsimile* | | *DX* |
|  |  |  |  | | |  | | | |
|  | *City/Town/Suburb* | *State* | *Postcode* | | | *Email Address* | | | |
| **Plaintiff** | | | | | | | | | |
| Full Name |  | | | | | | | | |
| Address  *(Registered Office, if Body Corporate)* |  | | |  | | |  | |  |
|  | *Street* | | | *Telephone* | | | *Facsimile* | | *DX* |
|  |  |  |  | | |  | | | |
|  | *City/Town/Suburb* | *State* | *Postcode* | | | *Email Address* | | | |
| **Defendant** | | | | | | | | | |
| Full Name |  | | | | | | | | |
| Address  *(Registered Office, if Body Corporate)* |  | | |  | | |  | |  |
|  | *Street* | | | *Telephone* | | | *Facsimile* | | *DX* |
|  |  |  |  | | |  | | | |
|  | *City/Town/Suburb* | *State* | *Postcode* | | | *Email Address* | | | |
| I, the abovenamed  Plaintiff  Defendant MAKE OATH AND SAY:   1. The information in the annexure marked “A” is true and correct. (Complete questionnaire attached to Form 25) 2. I hereby apply for a reduction/remission of the following fee:   $   1. I know the facts herein and declare them to be true and correct. | | | | | | | | | |
| SWORN before me at  on the       day of       20  Signature  (Person authorised to take Affidavits)  (e.g. Justice of the Peace) | | | | | APPLICANT | | | | |
| **REGISTRAR**  Fee of $       reduced to $  or  remitted in full  or  not reduced/remitted | | | | | | | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **PLEASE COMPLETE STATEMENT AND BRING TO COURT WITH PROOF OF INCOME**  (e.g. recent pay slip or Centrelink statement)  **You will be asked to swear that the information is correct and it may be shown to the creditor**  Court File No: | | | |
| **Family Name:** **Date of Birth :** | | | |
| **Other Names:** | | | |
| **Address:** | | | |
| **Phone Nos Home:       Work:       Mobile:** | | | |
| **Dependants:** | | | |
| **Bank where accounts held:** | | | |
| **Employer's name/address:** | | | |
|  | | | |
| **A INCOME $ per fortnight** | | **B EXPENSES $ per fortnight** | |
| Wage / Salary (after tax) |  | Rent / Board |  |
| Spouse income |  | Mortgage (home loan) |  |
| Income from Rent or Board |  | Food |  |
| Child Support |  | Household (Groceries,cleaning,maintainence) |  |
| Self Employed |  | Health (Medicine, Chemist, health fund) |  |
| Investments/dividends |  | Clothing |  |
| Pensions, Benefits and |  | Children (nappies,formula,sport,child care,etc) |  |
| Allowances (specify) |  | Education (fees, books, uniforms etc) |  |
| Other (name) |  | Energy (electricity, gas, heating fuel etc) |  |
| Other (name) |  | Phone and internet |  |
|  |  | Rates (Council and SA Water) |  |
| **Total Income (A)** | **$** | Insurance (house, contents) |  |
|  | | Vehicle Expenses (petrol, registration, |  |
| **ASSETS AND LIABILITIES** | | insurance, repairs and maintenance) |  |
| **ASSETS:** Value of Asset | | Other transport (bus, taxi) |  |
| Real Estate | $ | Other (e.g.haircare, glasses, dentist, |  |
| Vehicle | $ | leisure, bank fees,emergency services levy) |  |
| Savings | $ | Judgment Debts |  |
| Other (name) | $ | Fines |  |
| Other (name) | $ | Car Loan |  |
| ***Total Assets*** | **$** | Credit Card |  |
| **LIABILITIES:** Balance owed on debts | |  |  |
| Judgment debts | $ | Other (name) |  |
| Fines (outstanding with Court) | $ | Other (name) |  |
| Mortgage | $ | **Total Expenses (B)** | **$** |
| Car loan | $ |  | |
| Credit Card | $ | **SUMMARY** | |
| Centrelink | $ | **TOTAL INCOME (A)** | **$** |
| Other (name) | $ | **minus TOTAL EXPENSES (B)** | **$** |
| Other (name) | $ |  |  |
|  |  |  |  |
| ***Total Liabilities*** | **$** | **BALANCE** | **$** |
| **I,**  by evidence on oath/affirmation swear the information on this form is true and correct.  Signature Date | | | |