

<p>To be inserted by Court</p> <p>Case Number:</p> <p>Date Filed:</p> <p>FDN:</p>
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APPLICATION TO REGISTRAR FOR REMISSION OR REDUCTION OF COURT FEES

[*SUPREME/DISTRICT/MAGISTRATES/YOUTH*] Select one COURT OF SOUTH AUSTRALIA
SPECIAL STATUTORY JURISDICTION

[FULL NAME]
Applicant

[FULL NAME]
Respondent

Lodging party	<small>Party title</small>	<small>Full Name of party</small>
<small>Name of law firm/office</small>		
<small>If applicable</small>	<small>Law firm/office</small>	<small>Responsible Solicitor</small>
<small>Name of authorised officer</small>		
<small>If body corporate and no law firm/office</small>	<small>Full Name</small>	

<p>Application details</p> <p>The Lodging Party applies to the Registrar for a remission or reduction of court fees under [<i>identify section and Act</i>]</p> <p>This application is made on the grounds of</p> <p><input type="checkbox"/> poverty. Complete Parts A and B below</p> <p><input type="checkbox"/> other proper reason. Complete Parts A and C below</p>	
<p>Fee for which remission or reduction sought</p>	<p><input type="checkbox"/> Claim</p> <p><input type="checkbox"/> Application</p> <p><input type="checkbox"/> Cross Claim</p> <p><input type="checkbox"/> Notice of Appeal</p> <p><input type="checkbox"/> Setting down fee</p> <p><input type="checkbox"/> Mediation fee</p> <p><input type="checkbox"/> Trial/Hearing fee</p> <p><input type="checkbox"/> Transcript</p> <p><input type="checkbox"/> Other [<i>Specify details</i>]</p>
<p>Fee Amount (if known)</p>	<p>\$</p>
<p>How much can you afford to pay?</p>	<p>\$</p>
<p>Have you applied for a remission or reduction in fees before?</p>	<p><input type="checkbox"/> No</p>

Yes [*specify Coury, date, action number or parties, fee type*]

Part A Your Details

Your details		
1. Name	Full Name (if the party is a body corporate, name of the owner or owners)	
2. Address If different to address for service	Street Address (including unit or level number and name of property if required)	
	City/town/suburb	State
	Postcode	Country
Email address		
3. Current occupation		
4. Previous occupations If different to current (last 3 years)		
5. Current work	<input type="checkbox"/> Employed <input type="checkbox"/> Self-employed <input type="checkbox"/> Partnership <input type="checkbox"/> Other [<i>specify details</i>] <input type="checkbox"/> Unemployed <input type="checkbox"/> Pensioner <input type="checkbox"/> Domestic <input type="checkbox"/> Student	<input type="checkbox"/> Employer: [<i>name and address</i>] <input type="checkbox"/> Self-employed: [<i>name of business and address</i>] <input type="checkbox"/> Partnership: [<i>name of business and address</i>] <input type="checkbox"/> Other: [<i>specify details</i>] Any Benefits Received: <input type="checkbox"/> Centrelink/Veterans Affairs <input type="checkbox"/> Compensation <input type="checkbox"/> Insurance <input type="checkbox"/> Superannuation <input type="checkbox"/> Maintenance <input type="checkbox"/> Other: [<i>specify details</i>] <input type="checkbox"/> Nil
6. Do you receive any Centrelink/Veterans Affairs payments? If yes, you must attach your most recent statement showing the amount of payment received.	<input type="checkbox"/> Yes <input type="checkbox"/> No	If you answered Yes, select the type of payments received <input type="checkbox"/> Unemployment <input type="checkbox"/> Sickness <input type="checkbox"/> Age <input type="checkbox"/> Disability <input type="checkbox"/> Sole parent <input type="checkbox"/> Widow <input type="checkbox"/> Veterans <input type="checkbox"/> Family Tax Benefit <input type="checkbox"/> Other: [<i>specify details</i>]

If you answered Yes to Question 6, you may proceed directly to Part D Affidavit Verifying Information below without answering the questions in between. (If the Court needs further information, you will be contacted)

If you answered No to Question 6, complete the further sections below.

7. Previous work If not currently working (last 3 years)	<input type="checkbox"/> Employed <input type="checkbox"/> Self-employed <input type="checkbox"/> Partnership <input type="checkbox"/> Other [<i>specify details</i>] <input type="checkbox"/> Unemployed	<input type="checkbox"/> Employer: [<i>name and address</i>] <input type="checkbox"/> Self-employed: [<i>name of business and address</i>] <input type="checkbox"/> Partnership: [<i>name of business and address</i>] <input type="checkbox"/> Other: [<i>specify details</i>] Any Benefits Received:
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	<input type="checkbox"/> Pensioner <input type="checkbox"/> Domestic	<input type="checkbox"/> Centrelink/Veterans Affairs <input type="checkbox"/> Compensation <input type="checkbox"/> Insurance <input type="checkbox"/> Superannuation <input type="checkbox"/> Maintenance <input type="checkbox"/> Other: <i>[specify details]</i> <input type="checkbox"/> Nil
8. Do you have a current spouse/ domestic partner?	<input type="checkbox"/> Yes <i>[full name]</i> <input type="checkbox"/> No	
9. Do you have a former spouse/de facto/domestic partner to whom you contribute financially?	<input type="checkbox"/> Yes <i>[full name]</i> <input type="checkbox"/> No	If you answered Yes: I give financial support of \$ <i>[dollars]</i> per week.
10. Do you have a former spouse/de facto/domestic partner from whom receive financial contributions?	<input type="checkbox"/> Yes <i>[full name]</i> <input type="checkbox"/> No	If you answered Yes: I receive financial support of \$ <i>[dollars]</i> per week.
11. Do you have children or other dependants or persons on whom you are dependent living in your household?	<input type="checkbox"/> Yes <i>[full name and age]</i> <input type="checkbox"/> No	If you answered Yes: 11A. Does any such person living in your household receive income (other than pocket money)? <input type="checkbox"/> Yes <i>[full name]</i> <input type="checkbox"/> No
12. Do you have children or other dependants for whom you contribute financially?	<input type="checkbox"/> Yes <i>[full name]</i> <input type="checkbox"/> No	If you answered Yes: I give financial support of \$ <i>[dollars]</i> per week.
13. Bank where accounts or main account held:		
14. Do you have an interest in a family company or trust?	<input type="checkbox"/> Yes <i>[full name and principal activity]</i> <input type="checkbox"/> No	

If you answered Yes to Question 8 above

Your current spouse/domestic partner's details	
15. Name	Full name
16. Current occupation	
17. Previous occupations <small>If different to current (last 3 years)</small>	Occupation

<p>18. Current work</p>	<p><input type="checkbox"/> Employed <input type="checkbox"/> Self-employed <input type="checkbox"/> Partnership <input type="checkbox"/> Other [<i>specify details</i>] <input type="checkbox"/> Unemployed <input type="checkbox"/> Pensioner <input type="checkbox"/> Domestic</p>	<p><input type="checkbox"/> Employer: [<i>name and address</i>] <input type="checkbox"/> Self-employed: [<i>name of business and address</i>] <input type="checkbox"/> Partnership: [<i>name of business and address</i>] <input type="checkbox"/> Other: [<i>specify details</i>]</p> <p>Any Benefits Received:</p> <p><input type="checkbox"/> Centrelink/Veterans Affairs <input type="checkbox"/> Compensation <input type="checkbox"/> Insurance <input type="checkbox"/> Superannuation <input type="checkbox"/> Maintenance <input type="checkbox"/> Other [<i>specify details</i>] <input type="checkbox"/> Nil</p>
<p>19. Previous work</p> <p>If not currently working (last 3 years)</p>	<p><input type="checkbox"/> Employed <input type="checkbox"/> Self-employed <input type="checkbox"/> Partnership <input type="checkbox"/> Other [<i>specify details</i>] <input type="checkbox"/> Unemployed <input type="checkbox"/> Pensioner <input type="checkbox"/> Domestic</p>	<p><input type="checkbox"/> Employer [<i>name and address</i>] <input type="checkbox"/> Self-employed: [<i>name of business and address</i>] <input type="checkbox"/> Partnership: [<i>name of business and address</i>] <input type="checkbox"/> Other [<i>specify details</i>]</p> <p>Any Benefits Received:</p> <p><input type="checkbox"/> Centrelink/Veterans Affairs <input type="checkbox"/> Compensation <input type="checkbox"/> Insurance <input type="checkbox"/> Superannuation <input type="checkbox"/> Maintenance <input type="checkbox"/> Other [<i>specify details</i>] <input type="checkbox"/> Nil</p>

If you answered Yes to Question 11A 'Does any such person living in your household receive income (other than pocket money)?' above.

Please duplicate the box below, one for each named person.

Other persons living in your household details		
20. Name	Full name	
21. Current occupation <small>If any</small>		
22. Current work <small>If any</small>	<input type="checkbox"/> Employed <input type="checkbox"/> Self-employed <input type="checkbox"/> Partnership <input type="checkbox"/> Other [<i>specify details</i>] <input type="checkbox"/> Unemployed <input type="checkbox"/> Pensioner <input type="checkbox"/> Domestic	<input type="checkbox"/> Employer <input type="checkbox"/> Employer: [<i>name and address</i>] <input type="checkbox"/> Self-employed: [<i>name of business and address</i>] <input type="checkbox"/> Partnership: [<i>name of business and address</i>] <input type="checkbox"/> Other: [<i>specify details</i>] Any Benefits Received: <input type="checkbox"/> Centrelink/Veterans Affairs <input type="checkbox"/> Compensation <input type="checkbox"/> Insurance <input type="checkbox"/> Superannuation <input type="checkbox"/> Maintenance <input type="checkbox"/> Other [<i>specify details</i>] <input type="checkbox"/> Nil

Part B Your Financial Circumstances

Income (before tax)		\$[<i>amount per week</i>]		
		Applicant	Spouse/partner	Company/trust (net income after deductible expenses and tax)
Income	Wage/Salary	\$	\$	
	Self Employed	\$	\$	
	Investments/Dividends	\$	\$	
	Income from Rental Property	\$	\$	
	Pension benefit or allowance (eg. Centrelink, Veterans Affairs benefit)	\$	\$	
	Child Support	\$	\$	
	Superannuation/Insurance payments	\$	\$	
	Other <small>specify</small>	\$	\$	
Total income		\$	\$	\$

Household Expenses	\$[<i>amount per week</i>]	
Expenses	Rent/Board	\$

	Mortgage	\$
	Food	\$
	Household Expenses (eg Groceries, cleaning, maintenance)	\$
	Health (eg Medicine, Chemist, Health Fund)	\$
	Clothing	\$
	Children (eg nappies, formula, sport, childcare)	\$
	Education (eg Fees, Books, Uniforms etc).	\$
	Energy (eg Electricity, Gas, Heating etc)	\$
	Phone and Internet	\$
	Rates (eg Council and SA Water)	\$
	Insurance (eg House, Contents)	\$
	Vehicle Expenses (eg Fuel, Registration, Maintenance)	\$
	Other transport (eg bus or train fares)	\$
	Car Loan	\$
	Credit Card	\$
Other [<i>specify</i>] <i>specify</i>	\$	
Total Expenses	\$	

Household Assets		
Assets	Real Estate	\$
	Vehicle	\$
	Savings	\$
	Investments	\$
	Other [<i>specify</i>]	\$
Total Assets		\$

Household Liabilities		
Liabilities	Judgment Debts	\$
	Fines (outstanding with Court)	\$
	Mortgage	\$
	Car Loan	\$
	Credit Card	\$
	Centrelink	\$
	Other [<i>specify</i>]	\$

Total Liabilities		\$
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Other Circumstances

[Any further information in support of the application]

Part C Other Proper Reason**Proper Reason**

[Details of proper reason relied upon]

Part D Affidavit Verifying Information**Deponent Details**

Deponent	Full Name		
Address	Street Address (including unit or level number and name of property if required)		
	City/town/suburb	State	Postcode
	Country		
	Email address		
Occupation	Occupation		

Affidavit

I [*full name*]

- swear on oath that
- do truly and solemnly affirm that:

1. I have read this application for remission or reduction of fees.
2. The facts in the application are true to the best of my knowledge.
3. I have disclosed all relevant financial information.
4. I understand that I may be required to provide further information or evidence to support my application.
5. I understand that it is an offence to provide (or omit) information relevant to this application that is false or misleading.

Deposed by the Deponent

At

On

.....
Signature of Deponent

.....
Name printed

before me
Signature of attesting witness

.....
Printed name and title of witness

Stamp here if applicable

.....
Date

.....
ID number of witness
If applicable

Instructions

- Each page of the affidavit, including any exhibit(s), must be consecutively numbered starting with page 2.
- The affidavit should be confined to facts and should not include submissions.
- The affidavit should not reproduce material already contained in affidavits or other material already filed in the matter. It should not exhibit documents already exhibited to affidavits filed in the matter. In both cases it is sufficient to simply refer to such material or documents and the place where they may be found.
- An exhibit to an affidavit must be clearly marked to identify it as the exhibit referred to in the affidavit.
- A single 'front page' must be inserted in front of the exhibits in form 8.
- Each page of the affidavit (but not any exhibit) must be signed by both the deponent and the witness.
- An affidavit is to be sworn if it is made in this State in accordance with section 6 of the *Evidence Act 1929* or, if made elsewhere, in accordance with the law for the taking of oaths or the making of affirmations in that place.
- The deponent must swear or affirm the affidavit before a person authorised by law to witness the swearing or affirming of affidavits ('the witness'). Persons authorised to witness an affidavit are:
 - (a) a police officer, other than a police officer who is a probationary constable
 - (b) a public notary;
 - (c) a commissioner for taking affidavits;
 - (d) a justice of the peace for South Australia;
 - (e) any other person authorised by law to take affidavits.
- The contents of an affidavit cannot be altered after the affidavit has been sworn or affirmed.
- The party serving an affidavit must serve copies of all exhibits with the affidavit.

If the deponent is illiterate or blind, see Uniform Civil Rules 2020 Rule 31.7(6). If the Deponent does not appear to understand English sufficiently, see Uniform Civil Rules 2020 Rule 31.7(7).