

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

[*SUPREME/DISTRICT/MAGISTRATES/ENVIRONMENT, RESOURCES AND DEVELOPMENT*] Delete all but one COURT OF SOUTH AUSTRALIA  
 [*COURT OF APPEAL*] If applicable  
 CIVIL JURISDICTION  
 [*MINOR CIVIL*] If applicable  
 [*NAME OF LIST*] LIST If applicable

Please specify the Full Name including capacity (eg Administrator, Liquidator, Trustee) and Litigation Guardian Name (if applicable) for each party. Each party should include a party number if more than one party of the same type.

First Applicant

First Respondent

First Interested Party

Lodging Party	<small>Full Name (including Also Known as, capacity (eg Administrator, Liquidator, Trustee) and Litigation Guardian Name (if applicable))</small>	
Name of law firm / solicitor <small>If any</small>	<small>Law Firm</small>	<small>Solicitor</small>

<p><b>Application details</b>  <small>Mark appropriate sections below with an 'x'</small></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. <small>Complete Parts A and B below</small></p> <p>[ <input type="checkbox"/> ] other proper reason. <small>Complete Parts A and C below</small></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>

	<input type="checkbox"/> Transcript <input type="checkbox"/> Other – <i>[specify]</i>
Fee Amount (if known)	\$
How much can you afford to pay?	\$
Have you applied for a remission or reduction in fees before?	<input type="checkbox"/> No <input type="checkbox"/> Yes If yes <i>[specify Court, date, action number or parties, fee type]</i> :

### 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)				
	<table border="1"> <tr> <td>City/town/suburb</td> <td>State</td> <td>Postcode</td> <td>Country</td> </tr> </table>	City/town/suburb	State	Postcode	Country
	City/town/suburb	State	Postcode	Country	
Email address					
3. Current occupation					
4. Previous occupations If different to current (last 3 years)					
5. Current work	<table border="0"> <tr> <td> <input type="checkbox"/> Employed  <input type="checkbox"/> Self-employed  <input type="checkbox"/> Partnership  <input type="checkbox"/> Other – <i>[specify]</i>  <input type="checkbox"/> Unemployed  <input type="checkbox"/> Pensioner  <input type="checkbox"/> Domestic  <input type="checkbox"/> Student         </td> <td> <input type="checkbox"/> Employer name/address:  <input type="checkbox"/> Self-employed:            Name of business and address   <input type="checkbox"/> Partnership:            Name of business and address   <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]</i>  <input type="checkbox"/> Nil         </td> </tr> </table>	<input type="checkbox"/> Employed <input type="checkbox"/> Self-employed <input type="checkbox"/> Partnership <input type="checkbox"/> Other – <i>[specify]</i> <input type="checkbox"/> Unemployed <input type="checkbox"/> Pensioner <input type="checkbox"/> Domestic <input type="checkbox"/> Student	<input type="checkbox"/> Employer name/address: <input type="checkbox"/> Self-employed: Name of business and address  <input type="checkbox"/> Partnership: Name of business and address  <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]</i> <input type="checkbox"/> Nil		
<input type="checkbox"/> Employed <input type="checkbox"/> Self-employed <input type="checkbox"/> Partnership <input type="checkbox"/> Other – <i>[specify]</i> <input type="checkbox"/> Unemployed <input type="checkbox"/> Pensioner <input type="checkbox"/> Domestic <input type="checkbox"/> Student	<input type="checkbox"/> Employer name/address: <input type="checkbox"/> Self-employed: Name of business and address  <input type="checkbox"/> Partnership: Name of business and address  <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]</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  <b>If you answered Yes, select the type of payments received</b> <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				

		[ ] Other – [specify]
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**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.**

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

14. Do you have an interest in a family company or trust?	<input type="checkbox"/> Yes: <i>[provide full name and principal activity]</i> <input type="checkbox"/> No
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**If you answered Yes to Question 8 above**

<b>Your current spouse/domestic partner's details</b>		
15. Name	Full name	
16. Current occupation		
17. Previous occupations <small>If different to current (last 3 years)</small>	Occupation	
18. Current work	<input type="checkbox"/> Employed <input type="checkbox"/> Self-employed <input type="checkbox"/> Partnership <input type="checkbox"/> Other – <i>[specify]</i> <input type="checkbox"/> Unemployed <input type="checkbox"/> Pensioner <input type="checkbox"/> Domestic	<input type="checkbox"/> Employer name/address:  <input type="checkbox"/> Self-employed: <small>Name of business and address</small>  <input type="checkbox"/> Partnership: <small>Name of business and address</small>  <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]</i> <input type="checkbox"/> Nil
19. Previous work <small>If not currently working (last 3 years)</small>	<input type="checkbox"/> Employed <input type="checkbox"/> Self-employed <input type="checkbox"/> Partnership <input type="checkbox"/> Other – <i>[specify]</i> <input type="checkbox"/> Unemployed <input type="checkbox"/> Pensioner <input type="checkbox"/> Domestic	<input type="checkbox"/> Employer name/address:  <input type="checkbox"/> Self-employed: <small>Name of business and address</small>  <input type="checkbox"/> Partnership: <small>Name of business and address</small>  <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]</i> <input type="checkbox"/> Nil

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 If any		
22. Current work If any	<input type="checkbox"/> Employed <input type="checkbox"/> Self-employed <input type="checkbox"/> Partnership <input type="checkbox"/> Other – [specify] <input type="checkbox"/> Unemployed <input type="checkbox"/> Pensioner <input type="checkbox"/> Domestic	<input type="checkbox"/> Employer name/address:  <input type="checkbox"/> Self-employed: Name of business and address  <input type="checkbox"/> Partnership: Name of business and address  <input type="checkbox"/> Other – [specify details]  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 – [specify] <input type="checkbox"/> Nil

## Part B Your Financial Circumstances

Income (before tax)		\$[amount per week]		
		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 – [specify]	\$	\$	
Total income		\$	\$	\$

Household Expenses		\$[amount per week]	
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 – [specify]	\$		
Total Expenses		\$	

Household Assets		
Assets	Real Estate	\$
	Vehicle	\$
	Savings	\$
	Investments	\$
	Other – [specify]	\$
Total Assets		\$

Household Liabilities		
Liabilities	Judgment Debts	\$
	Fines (outstanding with Court)	\$
	Mortgage	\$
	Car Loan	\$
	Credit Card	\$
	Centrelink	\$
	Other – [specify]	\$
Total Liabilities		\$

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**

Mark appropriate section below with an 'x'

I, [full name], [ ] swear on oath / [ ] 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 14.
- 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 Registrar or Deputy Registrar
  - (b) any other officer of the Court whom the Registrar has assigned for this purpose;
  - (c) a public notary;
  - (d) a commissioner for taking affidavits;
  - (e) a justice of the peace for South Australia;
  - (f) 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 rule 31.7(6). If the deponent does not appear to understand English sufficiently, see rule 31.7(7).