**QUESTIONNAIRE**

**PLEASE COMPLETE STATEMENT AND BRING TO THE HEARING WITH PROOF OF INCOME**

You will be asked at the hearing to swear that the information is correct and it will be shown to the  
Judgment Creditor

[*SUPREME/DISTRICT/MAGISTRATES/ENVIRONMENT, RESOURCES AND DEVELOPMENT*] **Delete all but one** COURT OF SOUTH AUSTRALIA

CIVIL JURISDICTION

**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

**Part A Your Details**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Your details** | | | | | |
| 1. Name |  | | | | |
| **Full Name (including Also Known as, capacity (eg Administrator, Liquidator, Trustee) and Litigation Guardian Name (if applicable)** | | | | |
| 1. Address |  | | | | |
| **Street Address (including unit or level number and name of property if required)** | | | | |
|  |  | |  |  |
| **City/town/suburb** | **State** | | **Postcode** | **Country** |
|  | | | | |
| **Email address** | | | | |
| 1. Current occupation |  | | | | |
| 1. Previous occupations   **If different to current  (last 3 years)** |  | | | | |
| 1. Current work | [ ] Employed  [ ] Self-employed  [ ] Partnership  [ ] Unemployed  [ ] Pensioner  [ ] Domestic  [ ] Other [*specify*] | | [ ] 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 | | |
| 6. Do you receive any Centrelink/ Veteran Affairs payments?  If Yes, you must attach your most recent statement showing the amount of payment received. | [ ] Yes  [ ] No | | **If you answered Yes select the type of payments received**  [ ] Unemployment  [ ] Sickness  [ ] Age  [ ] Disability  [ ] Sole parent  [ ] Widow  [ ] Veterans  [ ] Family Tax Benefit  [ ] Other – [*specify*] | | |
| 7. Previous work  **If not currently working (last 3 years)** | [ ] Employed  [ ] Self-employed  [ ] Partnership  [ ] Unemployed  [ ] Pensioner  [ ] Domestic  [ ] Other [*specify*] | | [ ] 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 | | |
| 8. Do you have a current spouse/ domestic partner? | [ ] Yes: [*provide full name*]  [ ] No | | | | |
| 9. Do you have a former spouse/ de facto/domestic partner to whom you contribute financially? | [ ] Yes: [*provide full name*]  [ ] No | | **If you answered Yes:**  I give financial support of $[*amount*] per week. | | |
| 10. Do you have a former spouse/ de facto/domestic partner from whom you receive financial contributions? | [ ] Yes: [*provide full name*]  [ ] No | | **If you answered Yes:**  I receive financial support of $[*amount*] per week. | | |
| 11. Do you have children or other dependants or persons on whom you are dependent living in your household? | [ ] Yes: [*provide full name(s) and age(s)*]  [ ] No | | **If you answered Yes:**  11A. Does any such person living in your household receive income (other than pocket money)?  [ ] Yes: [*provide full name(s)*]  [ ] No | | |
| 12. Do you have children or other dependants for whom you contribute financially? | [ ] Yes: [*provide full name(s)*]  [ ] No | | **If you answered Yes:**  I give financial support of $[*amount*] per week. | | |
| 13. Bank where accounts or main account held: |  | | | | |
| 14. Do you have an interest in a family company or trust? | [ ] Yes: [*provide full name and principal activity*]  [ ] No | | | | |

**If you answered Yes to Question 8, complete this section.**

|  |  |  |
| --- | --- | --- |
| **Your current spouse/domestic partner’s details** | | |
| 15. Name |  | |
| **Full name** | |
| 16. Current occupation |  | |
| 17. Previous occupations  **If different to current (last 3 years)** |  | |
| 18. Current work | [ ] Employed  [ ] Self-employed  [ ] Partnership  [ ] Unemployed  [ ] Pensioner  [ ] Domestic  [ ] Other [*specify*] | [ ] 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 |
| 19. Previous work **If not currently working (last 3 years)** | [ ] Employed  [ ] Self-employed  [ ] Partnership  [ ] Unemployed  [ ] Pensioner  [ ] Domestic  [ ] Other [*specify*] | [ ] 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 |

**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** | [ ] Employed  [ ] Self-employed  [ ] Partnership  [ ] Unemployed  [ ] Pensioner  [ ] Domestic  [ ] Other [*specify*] | [ ] 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 |

**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 |  | $ |

|  |
| --- |
| **Affidavit**  **Mark appropriate section below with an ‘x’**  I [*full name*],   * swear on oath that: * do truly and solemnly affirm that:   the above information is true to the best of my knowledge, information and belief.  [*Sworn/Affirmed*] **select one** by the deponent  At [*place*]  On [*date*]  …………………………………………  Signature of Deponent  before me ………………………………………………  Signature of attesting witness  **Must be an authorised witness – see rule 31.9**  ………………………………………….  Printed name and title of witness  **Stamp here if applicable**  ………………………………………….  Qualification as authorised witness under section 27A(3) of the *Oaths Act 1936*.  ……………………………………..  ID number of witness **if applicable** |

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| --- |
| **Note to Judgment Debtor**  You have been summoned to attend court to establish how the attached debt can be paid based on your financial circumstances. It is important that you are well prepared before you attend court to give an accurate picture of your financial situation. |

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| **Financial Counselling Services**  The Financial Counselling Service is a **FREE** and **CONFIDENTIAL** counselling and advisory service for people who are:   * having trouble making ends meet * in debt or have high bills * faced with a sudden drop in income * behind in loan/credit repayments * unfairly or unjustly treated by traders or creditors * facing court action because of debts * considering bankruptcy   You will still have control of your money. Financial Counsellors will provide the skills and knowledge to help you to work out your money problems. However, the decision to follow the advice is yours.  Financial Counsellors can:   * talk to your creditors about your debts * advocate for you if you have been treated unfairly * help you plan your finances   Financial Counsellors can give you information and advice on:   * dealing with creditors * concessions and benefits * consumer rights * credit and debt issues * bankruptcy information   If you would like the services of a Financial Counsellor, please call **1800 007 007** and make an appointment with one of the financial counselling service agencies listed on the South Australian Financial Counselling Association’s website: http://www.safca.org.au. |