

To be inserted by Court

Case Number:

Date Filed:

FDN:

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))		
2. Address	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"/> Unemployed <input type="checkbox"/> Pensioner <input type="checkbox"/> Domestic <input type="checkbox"/> Other [<i>specify</i>]	<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
6. Do you receive any Centrelink/ Veteran 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</i>]
7. 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"/> Unemployed <input type="checkbox"/> Pensioner <input type="checkbox"/> Domestic <input type="checkbox"/> Other [<i>specify</i>]	<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
8. Do you have a current spouse/ domestic partner?	<input type="checkbox"/> Yes: [<i>provide full name</i>] <input type="checkbox"/> No	
9. Do you have a former spouse/ de facto/domestic partner to whom	<input type="checkbox"/> Yes: [<i>provide full name</i>] <input type="checkbox"/> No	If you answered Yes: I give financial support of \$[<i>amount</i>] per week.

you contribute financially?		
10. Do you have a former spouse/ de facto/domestic partner from whom you receive financial contributions?	<input type="checkbox"/> Yes: <i>[provide full name]</i> <input type="checkbox"/> No	If you answered Yes: I receive financial support of \$ <i>[amount]</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>[provide full name(s) and age(s)]</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>[provide full name(s)]</i> <input type="checkbox"/> No
12. Do you have children or other dependants for whom you contribute financially?	<input type="checkbox"/> Yes: <i>[provide full name(s)]</i> <input type="checkbox"/> No	If you answered Yes: I give financial support of \$ <i>[amount]</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>[provide full name and principal activity]</i> <input type="checkbox"/> 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	<input type="checkbox"/> Employed <input type="checkbox"/> Self-employed <input type="checkbox"/> Partnership <input type="checkbox"/> Unemployed <input type="checkbox"/> Pensioner <input type="checkbox"/> Domestic <input type="checkbox"/> Other <i>[specify]</i>	<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>

		[] 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"/> Unemployed <input type="checkbox"/> Pensioner <input type="checkbox"/> Domestic <input type="checkbox"/> Other [<i>specify</i>]	<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 <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"/> Unemployed <input type="checkbox"/> Pensioner <input type="checkbox"/> Domestic <input type="checkbox"/> Other [<i>specify</i>]	<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

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

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.

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>.