Form 145

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

Your details				
1. Name	Full Name (including Also Known a	as, capacity (eg Administrator, Liquic	dator, Trustee) and Litigation Guardia	n Name (if applicable)
2. Address		evel number and name of property if		
	City/town/suburb Email address	State	Postcode	Country
3. Current occupation				
4. Previous occupations If different to current (last 3 years)				

#### Part A Your Details

Image: Self-employed       []] Self-employed         []] Unemployed       []] Self-employed         []]] Pensioner       []] Partnership:         []]]       Other [specify]         []]]       Other [specify]         []]]       Other [specify]         []]       No         []]       Superannuation         []]       No         []]       No         []]       Superannuation         []]       No         []]       Superannuation         []]       No         []]       Superannuation         []]       Superannuation         []]       Superannuation <th></th> <th></th> <th></th>			
Image: Self-employed:     Image: Self-employed:     Netword building: Self-employed:       Image: Self-employed:     Image: Self-employed:     Image: Self-employed:	5. Current work	[ ] Employed [ ] Self-employed	[ ] Employer name/address:
Image: Second		[ ] Partnership	
Image: Second		[ ] Pensioner	
Image: Second			[ ] Other – [specify details]
Image: Second			Any hanafits received:
Image: Second			-
Image: Superanuation in the superanuation is superanuation in there superanuation is superanuation is superanuation in the superan			
Image: Second			
Image: Second			[ ] Superannuation
Image: Second			[ ] Maintenance
6. Do you receive any Centrelink/ Veteran Affairs payments?       [ ] Yes       If you answered Yes select the type of payments received         [ ] Yes, you must attach your most received.       [ ] Unemployment       [ ] Unemployment         [ ] Yes, you must attach your most received.       [ ] Disability       [ ] Disability         [ ] Disability       [ ] Disability       [ ] Solkness         [ ] Disability       [ ] Sole parent         amount of payment received.       [ ] Employed         [ ] Pervious work       [ ] Employed         [ ] Pervious work       [ ] Employed         [ ] Pervious work       [ ] Pertnership         [ ] Domestic       [ ] Partnership:         [ ] Domestic       [ ] Other [specify]         [ ] Other [specify]       [ ] Compensation         [ ] Superannuation       [ ] Isurance         [ ] Other [specify]       [ ] Superannuation         [ ] Other [specify]       [ ] Superannuation         [ ] No       [ ] Other [specify]         8. Do you have a current spouse/ domestic       [ ] Yes: [provide full name]         [ ] Yes: [provide full name]       [ ] Yes: [provide full name]         [ ] Yes: [provide full name]       [ ] Yes: [provide full name]         9. Do you have a former spouse/ defact/domestic       [ ] Yes: [provide full name]			[ ] Other – [specify]
any Centrelink/ Veteran Affairs payments?       [ ] No       received         If Yes, you must attach your most recent statement showing the amount of payment received.       [ ] Sickness         7. Previous work tract currently working (est 3 years)       [ ] Employed [ ] Pattnership       [ ] Self-employed [ ] Pattnership       [ ] Self-employed: Neme of business and address         [ ] Domestic [ ] Other [specify]       [ ] Pattnership       [ ] Pattnership: Neme of business and address         [ ] Domestic [ ] Other [specify]       [ ] Other [specify]       [ ] Other [specify]         [ ] Other [specify]       [ ] Other [specify]       [ ] Other [specify]         [ ] Domestic [ ] Domestic       [ ] Other [specify]       [ ] Other [specify]         [ ] Other [specify]       [ ] Other [specify]       [ ] Other - [specify]         [ ] Domestic       [ ] Other [specify]       [ ] Other - [specify]         [ ] Other [specify]       [ ] Other - [specify]       [ ] Superannuation         [ ] Domestic       [ ] Compensation       [ ] I Insurance         [ ] Superannuation       [ ] No       [ ] Nit         8. Do you have a former spouse/ domestic       [ ] Yes: [provide full name]       [ ] Nit         9. Do you have a former spouse/ defacto/domestic       [ ] Yes: [provide full name]       [ ] Yes anne]       [ ] Yes anne] <td></td> <td></td> <td>[ ] Nil</td>			[ ] Nil
Veteran Affairs payments?       I       I veteran is lockness         If Yes, you must recent statement showing the amount of payment received.       I       J lockness         7.       Previous work received.       [       I       Employed [       I         8.       I       I       Employed [       I       Partnership [       I       Partnership [       I         9.       Do you have a current spouse/ demestic       [       I       Yes: [provide full name]       I       Other - [specify]         8.       Do you have a former spouse/ demestic       [       I       Yes: [provide full name]       If you answered Yes:         9.       Do you have a former spouse/ defastic?       [       I       Yes: [provide full name]       If you answered Yes:			
payments?       [ ] Sickness         If Yes, you must attach your most recent statement showing the amount of payment received.       [ ] Disability         7. Previous work tracturenty working (test 3 years)       [ ] Employed       [ ] Partnership         [ ] Pervious work tracturenty working (test 3 years)       [ ] Employed       [ ] Employer name/address:         [ ] Pervious work tracturenty working (test 3 years)       [ ] Employed       [ ] Employed         [ ] Pervious work tracturenty working       [ ] Employed       [ ] Employed         [ ] Pervious work tracturenty working       [ ] Employed       [ ] Employed         [ ] Pervious work tracturenty working       [ ] Employed       [ ] Employed         [ ] Pervious work tracturenty working       [ ] Partnership       [ ] Self-employed: Name of business and address         [ ] Domestic       [ ] Pertnership: Name of business and address       [ ] Pertnership: Name of business and address         [ ] Domestic       [ ] Other [specify]       [ ] Other - [specify details]         Any benefits received:       [ ] Compensation       [ ] Insurance         [ ] Other - [specify]       [ ] No       [ ] Nii         8. Do you have a current spouse/ defacto/domestic partner?       [ ] Yes: [provide full name]       If you answered Yes:         9. Do you have a former spouse/ defacto/domestic       [ ] No       If you answered of	Veteran Affairs		
attach your most recent statement showing the amount of payment received.       I       Disability         7.       Previous work from received.       [       E       Disability         [       J       Self-employed [       Self-employed [       I       Benefit [       Description (         7.       Previous work from received.       [       Employed [       Employed [       Employed [       Employed [       Employed [       Employed [       Benefit [       Self-employed: Name of business and address         [       J       Partnership [       Unemployed [       Partnership: Name of business and address       [       Partnership: Name of business and address         [       J       Other [specify]       [       Other [specify]       I       Other - [specify details]         Any benefits received: [       I       Compensation [       I       Insurance [       I       Superannuation [       I         8.       Do you have a current spouse/ demestic partner?       [       Yes: [provide full name] [       I       If you answered Yes: Loire financial support of \$1amound per usek	payments?		
attach your most recent statement showing the amount of payment received.       I Disability         Previous work tracturently working (attach years)       I Employed         I J Family Tax Benefit       I Veterans         I J Family Tax Benefit       I Other – [specify]         7. Previous work tracturently working (attach years)       I Employed         I J Self-employed (attach years)       I Self-employed         I J Pentnership I Unemployed       I Pentnership         I J Pensioner       I Pensioner         I J Other [specify]       I Other [specify]         I J Other [specify]       I Other [specify]         I Other [specify]       I Other [specify]         I J Other [specify]       I Other [specify]         I J Other [specify]       I Other [specify]         I Other [specify]       I Other [specify]         I Other [specify]       I Other - [specify]         I Superannuation       I I Superannuation         I I No       I Niitenance         I I No       I Niitenance         I I No       If you answered Yes:         Po you have a current spouse/ defacto/domestic partner?       I Yes: [provide full name]         I No       I I you answered Yes:			[ ] Age
showing the amount of payment received.       []] Sole parent         []] Veterans         []] Veterans         []]] Veterans         []]]] Veterans         []]]]]]         []]]]         []]]]         []]]]         []]]]         []]]]         []]]]]]]]	-		
payment received.       []] Veterans         []] Family Tax Benefit       []] Cher – [specify]         7. Previous work frot currently working (last 3 years)       []] Employed       []] Employed         []] Veterans       []] Cher – [specify]         []] Veterans       []] Cher – [specify]         []] Veterans       []] Cher – [specify]         []] Veterans       []] Employed         []] Veterans       []] Employed         []] Veterans       []] Self-employed         []] Unemployed       []] Partnership         []] Unemployed       []] Partnership: Name of business and address         []] Domestic       []] Other [specify]         []] Other [specify]       []] Other – [specify details]         Any benefits received:       []] Compensation         []] Compensation       []] Insurance         []] Superannuation       []] Superannuation         []] Superannuation       []] Nil         8. Do you have a current spouse/ domestic partner?       []] Yes: [provide full name]         []] No       []] Yes: [provide full name]         9. Do you have a former spouse/ defacto/domestic       []] Yes: [provide full name]         []]       No			[ ] Sole parent
received.       I       J Family Tax Benefit         [I]       Previous work from system       I       Employed         7.       Previous work from system       I       Employed         [I]       Self-employed       I       Self-employed         [I]       Partnership       I       Self-employed         [I]       Pensioner       I       Self-employed         [I]       Pensioner       I       Partnership: Name of builness and address         [I]       Domestic       I       Partnership: Name of builness and address         [I]       Domestic       I       Other [specify]         [I]       Other [specify]       I       Other - [specify details]         Any benefits received:       I       Centrelink/Veterans Affairs         [I]       Other [specify]       I insurance       I insurance         [I]       No       I insuran			[ ] Widow
7. Previous work If not currently working (test 3 years)       [ ] Employed [ ] Self-employed       [ ] Employer name/address:         [ ] Partnership [ ] Unemployed       [ ] Self-employed: [ ] Partnership       [ ] Self-employed: Name of business and address         [ ] Pensioner       [ ] Partnership: [ ] Domestic       [ ] Partnership: Name of business and address         [ ] Other [specify]       [ ] Other [specify]         [ ] Other [specify]       [ ] Other - [specify details]         Any benefits received:       [ ] Compensation         [ ] Superannuation       [ ] Insurance         [ ] Other - [specify]       [ ] Naintenance         [ ] Other - [specify]       [ ] Nil         8. Do you have a current spouse/ domestic partner?       [ ] Yes: [provide full name]         [ ] No       [ ] Yes: [provide full name]         [ ] No       [ ] Yes: [provide full name]         [ ] No       [ ] Yes: [provide full name]         [ ] No       [ ] Yes: [provide full name]         [ ] No       [ ] Yes: [provide full name]			
7. Previous work If not currently working (test 3 years)       [ ] Employed [ ] Self-employed [ ] Partnership [ ] Unemployed [ ] Pensioner [ ] Domestic [ ] Other [specify]       [ ] Self-employed: Name of business and address         [ ] Pensioner [ ] Domestic [ ] Other [specify]       [ ] Partnership: Name of business and address         [ ] Pensioner [ ] Domestic [ ] Other [specify]       [ ] Partnership: Name of business and address         [ ] Other [specify]       [ ] Other - [specify details]         Any benefits received: [ ] Compensation [ ] Insurance       [ ] Compensation [ ] Insurance         [ ] Superannuation       [ ] No         8. Do you have a current spouse/ domestic partner?       [ ] Yes:[provide full name]         [ ] No       [ ] Yes:[provide full name]         [ ] Yes:[provide full name]       [ ] Yes:[provide full name]         [ ] No       [ ] Yes:[provide full name]			
If not currently working (set 3 years)       [ ] Self-employed         [ ] Partnership       [ ] Partnership         [ ] Unemployed       [ ] Pensioner         [ ] Domestic       [ ] Partnership:         [ ] Domestic       [ ] Other [specify]         [ ] Other [specify]       [ ] Other - [specify details]         Any benefits received:       [ ] Compensation         [ ] Insurance       [ ] Superannuation         [ ] Other - [specify]       [ ] No         8. Do you have a current spouse/ domestic partner?       [ ] Yes: [provide full name]         [ ] No       [ ] Yes: [provide full name]         [ ] No       [ ] Yes: [provide full name]         [ ] No       [ ] Yes: [provide full name]			[ ] Other – [ <i>specify</i> ]
Image: Self-employed: Image: Self-employed: Self Image: Self-employed: Self Image: Self-employed: Self Image: Sel	If not currently working		[ ] Employer name/address:
Image:	(last 3 years)		[ ] Self-employed:
Image: Second system       Image: Second system <td< td=""><td></td><td></td><td></td></td<>			
Image: state of the system			[ ] Partnershin:
[ ] Other - [specify] details]         Any benefits received:         [ ] Centrelink/Veterans Affairs         [ ] Compensation         [ ] Insurance         [ ] Superannuation         [ ] Other - [specify]         [ ] 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         [ ] Yes: [provide full name]         [ ] Yes: [provide full name]         [ ] No			
Image: space of s		[ ] Other [ <i>specify</i> ]	[ ] Other – [specify details]
Image: Second system       Image: Second system <td< td=""><td></td><td></td><td>Any benefits received:</td></td<>			Any benefits received:
[]]       Insurance         []]       Insurance         []]       Superannuation         []]       Maintenance         []]       Other – [specify]         []]       Nil         8.       Do you have a current spouse/ domestic partner?         []]       No         9.       Do you have a former spouse/ de facto/domestic         []]       Yes: [provide full name]         []]       If you answered Yes:         []]       Iname]         []]       Iname]			-
8. Do you have a current spouse/ domestic partner?       [ ] Yes:[provide full name]         9. Do you have a former spouse/ de facto/domestic       [ ] Yes:[provide full name]         9. Do you have a former spouse/ de facto/domestic       [ ] Yes:[provide full name]			[ ] Compensation
[]] Maintenance         []] Maintenance         []] Other – [specify]         []] Nil         8. Do you have a current spouse/ domestic partner?         []] No         9. Do you have a former spouse/ de facto/domestic         []] Yes: [provide full name]         []] Yes: [provide full name]         []] Yes: [provide full name]         []] Use financial support of \$[amount] per week			[ ] Insurance
Image: Second system       Image: Second system       Image: Second system       Image: Second system         8. Do you have a current spouse/ domestic partner?       Image: Second system       Image: Second system       Image: Second system         9. Do you have a former spouse/ de facto/domestic       Image: Second system       Image: Second system       Image: Second system         9. Do you have a former spouse/ de facto/domestic       Image: Second system       Image: Second system       Image: Second system         Image: Second system       Image: Second system       Image: Second system       Image: Second system       Image: Second system			
8. Do you have a current spouse/ domestic partner?       [ ] Yes:[provide full name]         9. Do you have a former spouse/ de facto/domestic       [ ] Yes:[provide full name]         [ ] No       [ ] Yes:[provide full name]         [ ] Yes:[provide full name]       [ ] Yes:[provide full name]         [ ] Yes:[provide full name]       [ ] Yes:[provide full name]			
8. Do you have a current spouse/ domestic partner?       [ ] Yes:[provide full name]         9. Do you have a former spouse/ de facto/domestic       [ ] Yes:[provide full name]         [ ] Yes:[provide full name]       If you answered Yes:         [ ] No       [ ] Yes:[provide full name]			
current spouse/ domestic partner?       I			
former spouse/ name] de facto/domestic [ ] No. [ ] No. [ ] dive financial support of \$[amount] per week	current spouse/ domestic		
de facto/domestic			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?	[ ] Yes:[provide full name] [ ] 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?	[ ] Yes:[provide full name(s) and age(s)] [ ] No	<ul> <li>If you answered Yes:</li> <li>11A. Does any such person living in your household receive income (other than pocket money)?</li> <li>[ ] Yes: [provide full name(s)]</li> <li>[ ] No</li> </ul>
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 \$[ <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?	[ ] Yes: [ <i>provide full name</i> [ ] No	and principal activity]

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

Your current spou	se/domestic partner's details	
15. Name		
	Full name	
16. Current occupation		
17. Previous occupations If different to current (last 3 years)		
18. Current work	<ul><li>[ ] Employed</li><li>[ ] Self-employed</li></ul>	[ ] Employer name/address:
	[ ] Partnership [ ] Unemployed	[ ] Self-employed: Name of business and address
	[ ] Pensioner [ ] Domestic	[ ] Partnership: Name of business and address
	[ ] Other [ <i>specify</i> ]	[ ] Other – [ <i>specify details</i> ]
		Any benefits received:
		[ ] Centrelink/Veterans Affairs
		[ ] Compensation
		[ ] Insurance
		[ ] Superannuation
		[ ] Maintenance
		[ ] Other – [ <i>specify</i> ]

		[ ] Nil
19. Previous work	[ ] Employed [ ] Self-employed	[ ] Employer name/address:
(last 3 years)	[ ] Partnership [ ] Unemployed	[ ] Self-employed: Name of business and address
	[ ] Pensioner [ ] Domestic	[ ] Partnership: Name of business and address
	[ ] Other [ <i>specify</i> ]	[ ] Other – [ <i>specify details</i> ]
		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 livi	ng in your household details	
20. Name	Full name	
21 Current occupation If any		
22. Current work	<ul> <li>[ ] Employed</li> <li>[ ] Self-employed</li> <li>[ ] Partnership</li> <li>[ ] Unemployed</li> <li>[ ] Pensioner</li> <li>[ ] Domestic</li> <li>[ ] Other [<i>specify</i>]</li> </ul>	<ul> <li>[ ] Employer name/address:</li> <li>[ ] Self-employed: Name of business and address</li> <li>[ ] Partnership: Name of business and address</li> <li>[ ] Other – [specify details]</li> <li>Any benefits received: <ul> <li>[ ] Centrelink/Veterans Affairs</li> <li>[ ] Compensation</li> <li>[ ] Insurance</li> <li>[ ] Superannuation</li> <li>[ ] Maintenance</li> <li>[ ] Other – [specify]</li> <li>[ ] Nil</li> </ul> </li> </ul>

Income (k	pefore tax)			\$[amount per week]
		Applicant	Spouse/partner	Company/trust (net income after deductible expenses and tax)
	Wage/Salary	\$	\$	
	Self employed	\$	\$	
	Investments/Dividends	\$	\$	
	Income from rental property	\$	\$	
Income	Pension benefit or allowance (eg. Centrelink, Veterans Affairs benefit)	\$	\$	
	Child support	\$	\$	
	Superannuation/Insurance payments	\$	\$	
	Other – [specify]	\$	\$	
Total inco		\$	\$	\$
Total income				

Household expenses		\$[amount per week]	
	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).	\$	
Expenses	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		
	Real estate	\$
	Vehicle	\$
Assets	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 [ <i>date</i> ]
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.