

# Request for Exemption from Paying Fees for ACT Law Courts matter

This form refers to the *Court Procedures Act 2004* s 15(2)(a)(i) (Remission, refund, deferral, waiver and exemption of fees)

**Use this form if:**

- You are the person named on a Commonwealth-issued Health Care Card, Low Income Health Care Card or Pensioner Concession Card.

When returning your completed application form to the registry you will need to attach certified photocopies of documentary evidence of any of the above (such as your Health Care Card). Photocopy both sides of the card or other document if it has writing on both sides. The registry will contact you if more supporting information is required.

**You must notify the Registry if there is any change to your circumstances that alters the information given in this request while the Court is dealing with your case.**

---

**Applicant Details**

**File number:**

Given name

Family name (surname)

Street address

Suburb

State

Post code

Email address

Telephone number (best number to reach you on)

**Reason for seeking exemption to pay a fee:**

**(tick applicable)**

I am named on a current  
Commonwealth-issued:

Health Care Card

Low Income Health Care Card

Pensioner Concession Card

Signature of applicant:

Date:

I have attached a certified copy of my concession/pensioner card.

I have a digital concession/pensioner card.

---

**Office use only:** Exemption Granted      Exemption not granted      Reason

Signature of Registrar/Deputy  
Registrar

Date:

Digital wallet version of current concession/pensioner card sighted by Courts Staff Member