

## Request About Payment of Fees

**ACAT File Number:**

The appropriate YES or NO boxes must be marked: [ • or X ].

Please use whole dollars eg: \$25 not \$24.65. Income and expenses are to be calculated on a **fortnightly** basis.

### 1. APPLICANT:

**Name:**

**Address:**

**Occupation:**

**Email:**

**Preferred Phone Number:**

I ask that payment of the fee of

- be waived
- be deferred for a period of \_\_\_\_\_ days
- be remitted or refunded

**ALL APPLICANTS TO COMPLETE PARTS 2–8 AND 9, TOGETHER WITH ONE OF A, B OR C**

## 2. Are you currently employed?

YES (if "yes", please **complete this section**)

NO (if "no", please go to **3. OTHER INCOME**)

**I am employed by:**

**My employer's address is:**

**My income from this employment after tax is** \_\_\_\_\_ **per fortnight.**

## 3. OTHER INCOME:

**Do you receive any other income additional to that shown above?**

YES (if "yes", please **complete this section**)

NO (if "no", please go to **4. EXPENSES**)

The details of other income I receive including any maintenance payments for myself or my children, Family Allowance, rental income, dividends, other social security or repatriation benefits, Austudy, rent or board from people living in the same premises as I do are as follows:

**NATURE OF INCOME:**

**(Pension, Superannuation etc.)**

**AMOUNT PER FORTNIGHT**

**\$**

**\$**

**\$**

**\$**

A photocopy of my benefit/pension card is attached:

#### 4. EXPENSES:

I have dependants.

I have the following fortnightly expenses:

Rent/Board/Mortgage per fortnight:..... \$

Credit Card/HP/Loan repayments per fortnight:..... \$

#### LIVING EXPENSES

- food, clothing etc per fortnight:..... \$

- fares, gas, electricity, phone etc per fortnight:..... \$

#### OTHER EXPENSES:

per fortnight

per fortnight..... \$

**TOTAL EXPENSES:..... \$**

#### 5. SAVINGS:

Do you have any savings?

YES (if "yes", please complete **this section**)

NO (if "no", please go to **6. OTHER ASSETS**)

The details of my bank accounts, credit union accounts, building society accounts, investment accounts etc are as follows: (please indicate joint accounts by putting [ J ] next to the account number.)

ACCOUNT NUMBER:	NAME OF INSTITUTION:	\$ AMOUNT
		\$
		\$
		\$
		\$

(" \$ Amount" for working accounts should be the fortnightly balance after pay/pension payment in, and regular deductions taken out)

## 6. OTHER ASSETS

Do you have any other assets? "Assets" can be things like a block of land, houses, cars, boats, shares etc.

YES (if "yes", please complete **this section**)

NO

### The assets I have are as follows:

(If ownership of any of your assets is shared with another person show what share you have, eg: Half share in...)

#### DESCRIPTION OF ASSETS:

#### ESTIMATED NET VALUE:

\$

\$

\$

\$

## 7. OTHER DEBTS AND COMMITMENTS:

Do you have any other debts or financial commitments not shown above?

YES (if "yes", please set these out below or on a separate sheet and attach it)

NO

#### DESCRIPTION OF DEBTS & COMMITMENTS:

#### ESTIMATED AMOUNT:

\$

\$

\$

\$

**8. Is there any other information about you or your dependants' circumstances which you believe should be taken into account in deciding your request?**

YES (if "yes", please set these out below or on a separate sheet and attach it)

NO

**A. REQUEST TO WAIVE FEE**

The Registrar must be satisfied payment of the fee would cause you hardship.

If there is anything you would like to add other than the above material, please add it here. If you need more space, attach a separate sheet.

**B. DEFERRAL OF PAYMENT OF FEE**

If a payment of a fee or charge, in whole or in part, is not able to be made at the time of the request the Registrar of the ACAT may defer the payment for a period up to 14 days or longer if, in the Registrar's opinion, it's in the interests of justice to do so.

If there is anything you would like to add other than the above material, please add it here. If you need more space, attach a separate sheet.

### C. REMIT OR REFUND OF FEE

When it's in the interest of justice, or the circumstances warrant, the Registrar of the ACAT may remit or refund a fee or charge in whole or in part for the performance of a function or provision of a facility or service.

If there is anything you would like to add other than the above material, please add it here. If you need more space, attach a separate sheet.

### 9. DECLARATION:

I declare that to the best of my knowledge and belief the information set out in this application is true and that, where any estimate is given, it is given in good faith.

**Applicant's signature:**

**Applicant's Name:**

**Date:**

### FOR TRIBUNAL USE ONLY:

The application fee to which this request relates is, pursuant to section 15(2)(b) of the *Court Procedures Act 2004*, (circle appropriate)

waived / not waived

be deferred for a period of  days

be remitted or refunded

**Registrar:**

**Date:**