



## APPLICATION FOR WAIVER OF COURT FEES

<b>Applicant:</b>			
<b>Address:</b>			
<b>Email:</b>		<b>Telephone:</b>	
<b>Proceeding number:</b> <i>(if applicable)</i>			
<b>Document type or service sought to be waived:</b>		<b>Filing fee:</b>	

### **WARNING:**

**You are about to complete a statutory declaration, which is a legally binding document.**

**By law, any person who knowingly makes an untrue or misleading statement in a statutory declaration is guilty of an offence and, if found guilty, can be fined and/or imprisoned.**

### **USE, DISCLOSURE AND SECURITY:**

Your personal information and any other information you provide will be dealt with in accordance with the provisions of the *Privacy and Data Protection Act 2014 (Vic.)*. Any information submitted or collected is captured and maintained in secure data and information management systems. The Supreme Court of Victoria will not disclose any details to any third parties without your consent, unless it is required by law. The Court stores and manages information in a secure location with access restricted to responsible court officers.

### **AUTOMATIC WAIVER OF FEES**

If you wish to apply to the Prothonotary for a fee waiver on the basis of one of the five categories mentioned below, please tick the applicable box and proceed to section (G) of this application ('Declaration of Applicant').

*You must* provide evidence supporting your claim, in addition to this application form.

- I am legally represented in the proceeding under a pro-bono scheme administered by or on behalf of the Victorian Bar, the Law Institute of Victoria or Justice Connect;
- I am legally represented in the proceeding on a pro-bono basis by a community legal centre;
- I have been granted legal aid funding for the proceeding;
- I am serving a sentence of imprisonment or am otherwise detained in a detention facility;
- I am under 18 years of age.

*Note* – waivers under these categories do not apply to search, photocopy and 'late filing' fees.

### **WAIVER OF FEES ON GROUNDS OF FINANCIAL HARDSHIP**

If you wish to apply to the Prothonotary for a fee waiver on the basis of financial hardship, pursuant to section 129(3) of the *Supreme Court Act 1986 (Vic.)*, please complete sections (A) to (F) of this application form, including the acknowledgements on the following page.

If applying for a waiver on the grounds of financial hardship, please tick the boxes below AND acknowledge that you have read and understood the outlined conditions.

**I acknowledge that:**

- I am making this application in my own representative capacity, and not on behalf of a company or corporation.
- It may not be possible for Court staff to assess an application for a fee waiver on the spot. Every effort will be made to assess each application as soon as possible and within a reasonable timeframe.
- If documents are required to be filed with the Court by a set date and a fee is payable you **must** allow two business day before the due date for processing your application as the Court may require further information from you.
- Court transcript costs are not court fees and cannot be waived.
- I may be required to supply additional documentary evidence to support this claim, upon request.
- (Where the application is submitted electronically) the Prothonotary retains the right to request the original "application for waiver of court fees" form and any supporting documentation.

**Please note, your application will not be accepted unless the following documentation is provided (where applicable):**

- Bank statements for all accounts and loans held by you for three months preceding this application.
- Copies of pay slips for three months immediately preceding this application (if employed).
- Your latest business activity statement (if self-employed).
- Copies of statements of any social security or any other government payments received within three months immediately preceding this application.
- A copy of your current Health Care Card (if applicable).
- If you own property, a copy of your most recent council rates notice, showing the valuation of your property.
- If you own any financial assets, copies of statements or other documentation evidencing those assets and income derived from them.
- If you are represented by a solicitor, a signed cost agreement and disclosure statement.

**Please answer the following:**

1. Are you aware that even if you are successful in this matter, you may have to pay your own legal fees and witness costs? Yes / No
2. Are you aware that if you are unsuccessful in this matter, it is highly likely that you will incur your own legal costs, costs of the other parties and witness costs? Yes / No
3. Are you aware that the costs of transcripts will need to be borne by you, as the Prothonotary does not have power to waive transcript costs? Yes / No
4. Do you have a solicitor acting for you in this matter? Yes / No
5. If yes to question 4, is your solicitor acting on a pro-bono basis? Yes / No  
*(Note, if yes, you may be eligible for an automatic waiver of fees – see cover page).*
6. Are you represented by a solicitor on a "no win no fee" basis? Yes / No
7. Do you propose to have a solicitor act for you? Yes / No
8. If you have answered 'Yes' to questions 4-7, what is the name and contact details of the firm of solicitors?

**Signed:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_

**Dated:** \_\_\_\_\_

# DECLARATION OF FINANCIAL CIRCUMSTANCES

## A) YOUR DETAILS

### 1. Personal Details

#### a) Employment detail

Occupation:

Name of employer:

Work address:

#### b) Living arrangements

I (tick one box):

pay rent  pay board  own my home  am paying a mortgage

other (please specify): \_\_\_\_\_

**My Family** (tick and complete all items that apply):

I have a spouse/partner living with me (married or de facto relationship)

I live alone

I live with a parent or friend/s

I have \_\_\_\_ (number) dependent children and their ages are \_\_\_\_\_

**The full name of each of my dependant(s) are:**

Full Name:	Relationship to me:

Have you previously made an application for a fee waiver to the Supreme Court (in this, or in any other proceeding?)  Yes  No

If 'Yes', please provide details:

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## B) DETAILS OF INCOME

2. The details of my income and my dependant(s)' (if any) income (including government pensions, benefits and allowances, workers' compensation, superannuation, rent, board, interest, dividends), calculated fortnightly, are as follows:

*[if no relevant income, write "nil" in the appropriate field below]:*

*[Generally, dependants are persons who rely on you or on whom you rely for financial support and include spouse, de facto partner and children]*

Nature of Income	My amount	My dependants' amount
<b>Fortnightly pay</b> (after tax) (provide payslips / statement of income from your employer)	\$	\$
<b>Government pension, benefit or allowance</b> (please provide details and documentary evidence) ..... .....	\$	\$
<b>Workers' compensation</b>	\$	\$
<b>Superannuation received</b>	\$	\$
<b>Interest on deposits / debentures</b>	\$	\$
<b>Child support, spousal and child maintenance</b>	\$	\$
<b>Other income</b> (for example, rent or board paid to you, share dividends)	\$	\$
<b>TOTAL</b>	\$	\$

3. I receive financial support or a financial contribution from a spouse, partner, family and others, as follows:

*[If no financial support or contribution write "nil" below]*

Name of person providing support	Nature of support	Amount per fortnight
		\$
		\$
<b>TOTAL</b>		\$

## C) DETAILS OF PROPERTY AND ASSETS

*["Property and assets" includes land, houses, money in bank accounts and other investments, cars, boats, shares, moneys owed to you, interests in a deceased estate or interests in a trust. If any property or asset is owned jointly with someone other than a dependant, give the name of the other owner.]*

4. **Money in bank, credit union, building society accounts and other financial institutions in my name, in my name and another persons' jointly or that of my dependants':**

Account Name	Name of Bank	Amount in account
		\$
		\$
		\$
		\$
<b>TOTAL</b>		<b>\$</b>
Do you have access to funds in any accounts other than those listed above, whether in your name or otherwise?		NO / YES <i>(if yes, please provide details)</i>
Are you able to draw funds from any mortgage or trust fund?		NO / YES <i>(if yes, please provide details)</i>

**Please provide bank statements for the last three months prior to lodging your application.**

5. **My property and assets (other than bank accounts) are as follows** *[if no assets write "nil" below]:*

Assets	My share / interest	My dependants' share/interest
<b>Cash (not in a bank account):</b>	\$	\$
<b>Property - House / Land:</b>		
- Market value	\$	\$
- Amount of Mortgage	\$	\$
- Net value	\$	\$
<b>Mortgage Account:</b> <i>(Name of Bank, Account name)</i> Do you have an offset account? NO / YES		
<b>Motor Vehicle(s):</b>		
Market value of vehicle 1	\$	\$
- Amount owing on vehicle	\$	\$
- Net value	\$	\$
Market value of vehicle 2	\$	\$
- Amount owing on vehicle	\$	\$
- Net value	\$	\$
<b>Value of household furniture and electrical goods:</b>	\$	\$
<b>Other investments:</b> <i>(for example, shares, debentures, bonds)</i> If so, give details.	\$	\$
<b>Money owed to you:</b> If so, give details.	\$	\$
<b>Do you have an interest in a trust, business or partnership?</b> If so, give details.	\$	\$
<b>TOTAL property and assets</b>	<b>\$</b>	<b>\$</b>

## D) DETAILS OF EXPENSES

6. My day-to-day living expenses (including living expenses of any dependant that are normally paid by me), calculated fortnightly, are as follows:

Nature of Expense	Amount per fortnight	Nature of Expense	Amount per fortnight
Rent / Board		Gas/electricity/other utilities	
Mortgage repayments		Telephone	
Other loan repayments		Health care	
Council / Water rates		Child care	
Insurance premiums		Education	
Food		Other:	
Clothing		Other:	
Spouse/Child maintenance		Other:	
Travel and motor vehicle		Other:	
<b>Total of Column 1</b>	<b>\$</b>	<b>Total of Column 2</b>	<b>\$</b>

<b>TOTAL of Column 1 and Column 2</b>	<b>\$</b>
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## E) DETAILS OF LIABILITIES

If any liabilities are owed jointly with someone other than a dependant, give the name of the other person.

*[if no liabilities write "nil" below]*

7. My liabilities are as follows:

Liability	My details	My dependants' details
<b>Amount owing on other loans</b> (please list and provide statements from lender)	\$	\$
<b>Amount owing on credit card(s)</b> (please list and provide statements from lender)	\$	\$
	\$	\$
	\$	\$
<b>Amount owing to any businesses or individuals</b> (please list and provide statements from lender)	\$	\$
<b>Other</b> (please specify):	\$	\$
<b>TOTAL amount owing</b>	<b>\$</b>	<b>\$</b>

**F) ADDITIONAL INFORMATION**

Do you have capacity to access or borrow funds? YES / NO

If 'Yes', please describe:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please set out below any special circumstances or other information concerning your financial position which you believe will help the Prothonotary decide upon your application for waiver of court fees:

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## G) DECLARATION OF APPLICANT

*This statutory declaration must be witnessed by a Justice of the Peace, police officer, pharmacist or other person qualified to witness statutory declarations under section 30(2) of the [Oaths and Affirmations Act 2018](#) (Vic.). Alternatively, this document may be witnessed at the Court registry when you submit the application.*

**I [print name, address and occupation of person making the statutory declaration], make the following statutory declaration under the [Oaths and Affirmations Act 2018](#):**

1. I am the Applicant for a waiver of court fees;
2. I have read the details of this application and the other information attached to it;
3. The facts in this application are within my personal knowledge, and I believe them to be true and correct;
4. All other facts are true to the best of my knowledge, information and belief;
5. I have disclosed all relevant financial information;
6. I am aware that it is an offence to provide information or a document in connection with this application that is false or misleading;
7. I may be required to provide further documentary evidence to support my claim; and
8. Following the submission of this application and until the end of the court proceeding to which this application relates, I will notify the Court if my circumstances change.

***I declare that the contents of this statutory declaration are true and correct and I make it knowing that making a statutory declaration that I know to be untrue is an offence.***

\_\_\_\_\_  
*[signature of person making this statutory declaration in the presence of the authorised statutory declaration witness]*

Declared at *[place]* in the State of Victoria  
on *[date]*

***I am an authorised statutory declaration witness and I sign this document in the presence of the person making the declaration:***

\_\_\_\_\_  
*[signature of authorised statutory declaration witness]*

on *[date]*

*[full name and personal or professional address of authorised statutory declaration witness in legible writing, typing or stamp]  
[qualification as an authorised statutory declaration witness]*

A person authorised under section 30(2) of the **Oaths and Affirmations Act 2018** to witness the signing of a statutory declaration.



This application was prepared by:  The Applicant  A lawyer

If prepared by a lawyer, please provide additional information below:

Name of lawyer:	Solicitors Code:
Filed on behalf of:	Telephone:
Prepared by:	DX:
	Ref:

**Risk Management & Responding to privacy breaches**

As noted above, your personal information and any other information you provide will be dealt with in accordance with the provisions of the *Privacy and Data Protection Act 2014 (Vic.)* The Court takes its responsibilities in information security seriously. Any reported privacy breaches will be investigated, with remedial action taken as soon as possible after any incident. Parties will be notified if the breach is serious.

**H) NOTICE OF REQUEST FOR MORE INFORMATION**

*(Office Use Only)*

**Having considered your application, the Prothonotary requests you to provide the following documentary evidence:**

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**Signature of officer**

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**Date issued**