**FORM 4: APPLICATION FOR WAIVER OF FEES**

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| **NOTICE TO APPLICANT** |  |  |  |  |

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**Your completed application must be submitted with sufficient time (prior to fee’s due date) to allow for amendments / processing.**

**For approval for a fee to be waived, you will need to show that your income, day-to-day living expenses, liabilities and assets are at such a level that payment of the fee would cause you significant financial hardship.**

**When returning your completed application form to the Registrar you will need to attach photocopies of documentary evidence to support your claim. Examples include bank statements, bills, contracts, deeds and titles. If more supporting information is required, the Registrar will return your application to you with instructions in the ‘Notice of request for more information’ on page 12 of this document.**

**You must notify the Registrar if there is any change to your circumstances that alter the information given in this application while the Tribunal is dealing with your case.**

**If your application is approved, the Tribunal has discretion to grant a full or partial waiver of your fees. You will be notified as to the determination of your application once it has been given proper consideration.**

**WARNING**

Any person who knowingly makes an untrue representation or statement to obtain a reduction or exemption of fees, or any other benefit or advantage from the International Tribunal for Natural Justice may be prosecuted.

# 1. Details OF THE applicant

**Full name:**

**Court Reference (if any):**

# 2. DETAILS OF INCOME

1. The details of my and my dependants’ (if any) income (including government pensions, benefits and allowances, superannuation, child support, spousal and child maintenance etc.), calculated

**[ ]** Weekly **[ ]** Fortnightly **[ ]** Monthly **[ ]** Annually,

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. Dependants can include children, spouse and de facto partner]*

|  |  |  |
| --- | --- | --- |
| **Nature of Income** | **My amount\*** | **My dependants’ amount\*** |
| **Pay (after tax)** |  |  |
| **Government pension, benefit or allowance****Details:** |  |  |
| **Superannuation received** |  |  |
| **Child support, spousal and child maintenance** |  |  |
| **Other income****Details:** |  |  |

**\*** Clearly state your local currency

**Please note you may be asked to provide additional documentary evidence to support your claim.**

2. The full name of each of my dependants is:

|  |  |
| --- | --- |
| **Full Name** | **Relationship to me** |
|  |  |
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# 3. DETAILS OF PROPERTY AND ASSETS

“Property and assets” include land, houses, money in bank accounts, and other investments, cars, 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.

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

|  |  |  |
| --- | --- | --- |
| **Liquid Assets** | **My share/interest\*** | **My dependants’ share/interest\*** |
| **Cash (not in bank account)** |  |  |
| **Other investments (eg. shares, debentures, bonds)****Details:** |  |  |
| **Money owed to you****Details:** |  |  |
| **Subtotal – liquid assets** |  |  |

**\*** Clearly state your local currency

**Please note you may be asked to provide additional documentary evidence to support your claim.**

|  |  |  |
| --- | --- | --- |
| **Non-Liquid Assets** | **My share/interest\*** | **My dependants’ share/interest\*** |
| **Property – House/Land** |
| - Market value |  |  |  |
| - Amount of mortgage |  |  |  |
| - Net value |  |  |
| - Bank details: |
| **Motor Vehicle(s)** |
| - Market value of vehicle 1 |  |  |  |
| - Amount owing on vehicle |  |  |  |
| - Net value |  |  |  |
| - Market value of vehicle 2 |  |  |  |
| - Amount owing on vehicle |  |  |  |
| - Net value |  |  |  |
| **Value of household furniture and electrical goods** |  |  |
| **Other assets** |  |  |
| **Interest in a trust/business or partnership** |  |  |
| **Subtotal – non-liquid assets** |  |  |

|  |  |  |
| --- | --- | --- |
| **TOTAL of property and assets (liquid and non-liquid assets)** |  |  |

**\*** Clearly state your local currency

**Please note you may be asked to provide additional documentary evidence to support your claim.**

2. Money in bank, credit union, and other financial institutions in my name, in my name and other persons’ jointly or that of my dependants’ *[if no assets write “nil” below]:*

|  |  |  |
| --- | --- | --- |
| **Account Name** | **Name of Bank** | **Amount in account\*** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| **TOTAL** |  |

**\*** Clearly state your local currency

**Please note you may be asked to provide additional documentary evidence to support your claim.**

3. My day-to-day living expenses (including living expenses of my dependants that are normally paid by me), calculated

**[ ]** Weekly **[ ]** Fortnightly **[ ]** Monthly **[ ]** Annually,

are as follows *[if no assets write “nil” below]:*

|  |  |
| --- | --- |
| **Nature of Expense** | **Average amount\*** |
| **Rent / Board** |  |
| **Mortgage repayments** |  |
| **Other loan repayments** |  |
| **Gas / electricity / other utilities** |  |
| **Food** |  |
| **Clothing** |  |
| **Spouse / child maintenance** |  |
| **Travel and motor vehicle** |  |
| **Telephone** |  |
| **Health care** |  |
| **Education** |  |
| **Insurance premiums** |  |
| **Other:** |  |
| **Other:** |  |
| **Other:** |  |
| **Other:** |  |
| **Other:** |  |
| **Other:** |  |
| **TOTAL** |  |

**\*** Clearly state your local currency

**Please note you may be asked to provide additional documentary evidence to support your claim.**

# 4. DETAILS OF LIABILITIES

“Liabilities” include outstanding mortgages, credit card debts, and other moneys owed by you. If any liabilities are owed jointly with someone other than a dependant, give the name of the other person.

*[if no assets write “nil” below]:*

|  |  |  |  |
| --- | --- | --- | --- |
| **Nature of Liability** | **My details\*** | **My dependants’ details\*** | **Other persons’ details\*** |
| **Amount owing on other loans** |  |  |  |
| **Amount owing on credit card(s)** |  |  |  |
| **Amount owing to any businesses or individuals** **Details:** |  |  |  |
| **Other****Details:** |  |  |  |
| **TOTAL amount owing** |  |  |

**\*** Clearly state your local currency

**Please note you may be asked to provide additional documentary evidence to support your claim.**

# 5. REPRESENTATION

**Note: all represented persons who seek a fee waiver must provide a copy of the signed fee arrangement**

1. Do you have a solicitor acting for you in this **[ ]** Yes **[ ]** No
matter?

2. Is your solicitor acting on a pro bono basis? **[ ]** Yes **[ ]** No

3. Are you represented by a solicitor on a “no **[ ]** Yes **[ ]** No
win no fee” basis?

4. Do you propose to have a solicitor act for you? **[ ]** Yes **[ ]** No

5. If you answered ‘Yes’ to Question 4, what is the name of the firm of solicitors?

# 6. other relevant information

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

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| --- |
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# 7. SUPPORTING EVIDENCE

**Are there any relevant documents attached?**

**[ ]** Yes  **[ ]** No

**If yes, what relevant documents are attached?**

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| --- |
|       |

# SIGNATURE

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| --- |
| Date: / / |

# COURT USE ONLY

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| --- |
| **[ ]** Waiver granted (copy of this approval decision given/sent to applicantSignature of officer Date: / / |

**NOTICE OF REQUEST FOR MORE INFORMATION**

*(Office Use Only)*

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| **Having considered your application, the Registrar requests you to provide documentary evidence of the following:** |
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