

**To be inserted by Court**

Case Number:

Date Filed:

FDN:

## APPLICATION TO REGISTRAR FOR REMISSION OR REDUCTION OF COURT FEES

[*SUPREME/DISTRICT/MAGISTRATES/YOUTH/ENVIRONMENT RESOURCES AND DEVELOPMENT*] Select one  
 COURT OF SOUTH AUSTRALIA  
 CRIMINAL JURISDICTION

**[FULL NAME]**  
**Informant/R**

v

**[FULL NAME]**  
**Defendant/Youth**

<b>Lodging party</b>	Party title	Full Name of party
Name of law firm/office		
<small>If applicable</small>	<small>Law firm/office</small>	<small>Responsible Solicitor</small>
Name of authorised officer		
<small>If body corporate and no law firm/office</small>	<small>Full Name</small>	

**Application details**

The applicant applies to the Registrar for a remission or reduction of court fees.

This application is made on the grounds of

- poverty. Complete Parts A and B below
- other proper reason. Complete Parts A and C below

Fee for which remission or reduction sought	<input type="checkbox"/> Transcript <input type="checkbox"/> Notice of Appeal <input type="checkbox"/> Other – [ <i>Enter details</i> ]
Fee Amount (if known)	\$
How much can you afford to pay?	\$
Have you applied for a remission or reduction in fees before?	<input type="checkbox"/> No <input type="checkbox"/> Yes If yes [ <i>Enter Court, date, action number or parties, fee type</i> ]

## Part A Your Details

<b>Your details</b>			
<b>1. Name</b>	<b>Full Name (if the party is a body corporate, name of the owner or owners)</b>		
<b>2. Address</b> <small>If different to address for service</small>	<b>Street Address (including unit or level number and name of property if required)</b>		
	<b>City/town/suburb</b>	<b>State</b>	<b>Postcode</b>
	<b>Country</b>		
<b>Email address</b>			
<b>3. Current occupation</b>			
<b>4. Previous occupations</b> <small>If different to current (last 3 years)</small>			
<b>5. Current work</b>	<input type="checkbox"/> Employed <input type="checkbox"/> Self-employed <input type="checkbox"/> Partnership <input type="checkbox"/> Other – [ <i>Enter details</i> ]  <input type="checkbox"/> Unemployed <input type="checkbox"/> Pensioner <input type="checkbox"/> Domestic <input type="checkbox"/> Student	<input type="checkbox"/> Employer name/address:  <input type="checkbox"/> Self-employed: <small>Name of business and address</small>  <input type="checkbox"/> Partnership: <small>Name of business and address</small>  <input type="checkbox"/> Other – [ <i>Enter details</i> ]  <b>Any Benefits Received:</b> <input type="checkbox"/> Centrelink/Veterans Affairs <input type="checkbox"/> Compensation <input type="checkbox"/> Insurance <input type="checkbox"/> Superannuation <input type="checkbox"/> Maintenance <input type="checkbox"/> Other – [ <i>Enter details</i> ] <input type="checkbox"/> Nil	
<b>6. Do you receive any Centrelink/Veterans Affairs payments?</b> <small>If yes, you must attach your most recent statement showing the amount of payment received.</small>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>If you answered Yes, select the type of payments received</b>  <input type="checkbox"/> Unemployment <input type="checkbox"/> Sickness <input type="checkbox"/> Age <input type="checkbox"/> Disability <input type="checkbox"/> Sole parent <input type="checkbox"/> Widow <input type="checkbox"/> Veterans <input type="checkbox"/> Family Tax Benefit <input type="checkbox"/> Other – [ <i>Enter details</i> ]	

If you answered 'Yes' to Question 6, you may proceed directly to Part D Affidavit Verifying Information below without answering the questions in between. (If the Court needs further information, you will be contacted)

If you answered 'No' to Question 6, complete the further sections below as applicable.

<p>7. Previous work If not currently working (last 3 years)</p>	<input type="checkbox"/> Employed <input type="checkbox"/> Self-employed <input type="checkbox"/> Partnership <input type="checkbox"/> Other – [Enter details] <input type="checkbox"/> Unemployed <input type="checkbox"/> Pensioner <input type="checkbox"/> Domestic <input type="checkbox"/> Student	<input type="checkbox"/> Employer name/address:  <input type="checkbox"/> Self-employed: Name of business and address  <input type="checkbox"/> Partnership: Name of business and address  <input type="checkbox"/> Other – [Enter details]  Any Benefits Received: <input type="checkbox"/> Centrelink/Veterans Affairs <input type="checkbox"/> Compensation <input type="checkbox"/> Insurance <input type="checkbox"/> Superannuation <input type="checkbox"/> Maintenance <input type="checkbox"/> Other – [Enter details] <input type="checkbox"/> Nil
<p>8. Do you have a current spouse/ domestic partner?</p>	<input type="checkbox"/> Yes [Enter full name]: <input type="checkbox"/> No If you answer 'Yes' you will need to provide further details below.	
<p>9. Do you have a former spouse/de facto/domestic partner to who you contribute financially?</p>	<input type="checkbox"/> Yes [Enter full name]: <input type="checkbox"/> No	<b>If you answered Yes:</b> I give financial support of \$[Enter amount] per week.
<p>10. Do you have a former spouse/de facto/domestic partner from who receive financial contributions?</p>	<input type="checkbox"/> Yes [Enter full name]: <input type="checkbox"/> No	<b>If you answered Yes:</b> I receive financial support of \$[Enter amount] per week.
<p>11. Do you have children or other dependants or persons on who you are dependent living in your household?</p>	<input type="checkbox"/> Yes [Enter full name and age]: <input type="checkbox"/> No	<b>If you answered Yes:</b> 11A. Does any such person living in your household receive income (other than pocket money)? <input type="checkbox"/> Yes [Enter full name]: <input type="checkbox"/> No If you answer 'Yes' you will need to provide further details below.
<p>12. Do you have children or other dependants for who you contribute financially?</p>	<input type="checkbox"/> Yes [Enter full name]: <input type="checkbox"/> No	<b>If you answered Yes:</b> I give financial support of \$[Enter amount] per week.
<p>13. Bank where accounts or main account held:</p>		
<p>14. Do you have an interest in a family company or trust?</p>	<input type="checkbox"/> Yes: [Enter full name and principal activity] <input type="checkbox"/> No	

Only complete if you answered 'yes' to question 8 above

<b>Your current spouse/domestic partner's details</b>		
15. Name	Full name	
16. Current occupation		
17. Previous occupations <small>If different to current (last 3 years)</small>	Occupation	
18. Current work	<input type="checkbox"/> Employed <input type="checkbox"/> Self-employed <input type="checkbox"/> Partnership <input type="checkbox"/> Other – [Enter details] <input type="checkbox"/> Unemployed <input type="checkbox"/> Pensioner <input type="checkbox"/> Domestic <input type="checkbox"/> Student	<input type="checkbox"/> Employer name/address:  <input type="checkbox"/> Self-employed: <small>Name of business and address</small>  <input type="checkbox"/> Partnership: <small>Name of business and address</small>  <input type="checkbox"/> Other – [Enter details]  Any Benefits Received: <input type="checkbox"/> Centrelink/Veterans Affairs <input type="checkbox"/> Compensation <input type="checkbox"/> Insurance <input type="checkbox"/> Superannuation <input type="checkbox"/> Maintenance <input type="checkbox"/> Other – [Enter details] <input type="checkbox"/> Nil
19. Previous work <small>If not currently working (last 3 years)</small>	<input type="checkbox"/> Employed <input type="checkbox"/> Self-employed <input type="checkbox"/> Partnership <input type="checkbox"/> Other – [Enter details] <input type="checkbox"/> Unemployed <input type="checkbox"/> Pensioner <input type="checkbox"/> Domestic <input type="checkbox"/> Student	<input type="checkbox"/> Employer name/address:  <input type="checkbox"/> Self-employed: <small>Name of business and address</small>  <input type="checkbox"/> Partnership: <small>Name of business and address</small>  <input type="checkbox"/> Other – [Enter details]  Any Benefits Received: <input type="checkbox"/> Centrelink/Veterans Affairs <input type="checkbox"/> Compensation <input type="checkbox"/> Insurance <input type="checkbox"/> Superannuation <input type="checkbox"/> Maintenance <input type="checkbox"/> Other – [Enter details] <input type="checkbox"/> Nil

Only complete 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

<b>Other persons living in your household details</b>	
20. Name	Full name

<b>21. Current occupation</b> <small>If any</small>			
<b>22. Current work</b> <small>If any</small>	<input type="checkbox"/> Employed <input type="checkbox"/> Self-employed <input type="checkbox"/> Partnership <input type="checkbox"/> Other – <i>[Enter details]</i> <input type="checkbox"/> Unemployed <input type="checkbox"/> Pensioner <input type="checkbox"/> Domestic <input type="checkbox"/> Student	<input type="checkbox"/> Employer name/address:  <input type="checkbox"/> Self-employed: <small>Name of business and address</small>  <input type="checkbox"/> Partnership: <small>Name of business and address</small>  <input type="checkbox"/> Other – <i>[Enter details]</i>	Any Benefits Received:  <input type="checkbox"/> Centrelink/Veterans Affairs <input type="checkbox"/> Compensation <input type="checkbox"/> Insurance <input type="checkbox"/> Superannuation <input type="checkbox"/> Maintenance Other – <i>[Enter details]</i>  <input type="checkbox"/> Nil

### Part B Your Financial Circumstances

Income (before tax)		\$ <i>[Enter amount per week]</i>		
		Applicant	Spouse/partner	Company/trust (net income after deductible expenses and tax)
Income	Wage/Salary	\$	\$	
	Self Employed	\$	\$	
	Investments/Dividends	\$	\$	
	Income from Rental Property	\$	\$	
	Pension benefit or allowance (eg. Centrelink, Veterans Affairs benefit)	\$	\$	
	Child Support	\$	\$	
	Superannuation/Insurance payments	\$	\$	
	Other – <i>[Enter details]</i>	\$	\$	
Total income		\$	\$	\$

Household Expenses	\$ <i>[Enter amount per week]</i>	
Expenses	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).	\$
	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		\$

<b>Household Assets</b>		
Assets	Real Estate	\$
	Vehicle	\$
	Savings	\$
	Investments	\$
	Other – [Enter details]	\$
Total Assets		\$

<b>Household Liabilities</b>		
Liabilities	Judgment Debts	\$
	Fines (outstanding with Court)	\$
	Mortgage	\$
	Car Loan	\$
	Credit Card	\$
	Centrelink	\$
	Other – [Enter details]	\$

Total Liabilities		\$
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**Other Circumstances**

Enter any further information in support of the application

**Part C Other Proper Reason****Proper Reason**

Enter details of proper reason

**Part D Affidavit Verifying Information****Deponent Details** Person swearing/affirming Affidavit

Deponent	Full Name		
Address	Street Address (including unit or level number and name of property if required)		
	City/town/suburb	State	Postcode
	Country		
	Email address		
Occupation	Occupation		

**Affidavit**

I [full name]

- swear on oath that:
- truly and solemnly affirm that:

1. I have read this application for remission or reduction of fees.
2. The facts in the application are true to the best of my knowledge.
3. I have disclosed all relevant financial information.
4. I understand that I may be required to provide further information or evidence to support my application.
5. I understand that it is an offence to provide (or omit) information relevant to this application that is false or misleading.

Deposed by the deponent

At

On

.....  
Signature of deponent

.....  
Full name of deponent

before me .....  
Signature of attesting witness

.....  
Printed name and title of witness  
Stamp here if applicable

.....  
Date

.....  
ID number of witness  
Enter if applicable



Please ensure the Affidavit complies with the below instructions

### Instructions

- Each page of the affidavit, including any exhibit(s), must be consecutively numbered starting with page 2.
- Each page of the affidavit (but not any exhibit) must be signed by both the deponent and the witness.
- A single 'front page' must be inserted in front of the exhibit(s) in Form 94.
- An exhibit to an affidavit must be clearly marked to identify it as the exhibit referred to in the affidavit.
- An affidavit is to be sworn if it is made in this State in accordance with section 6 of the *Evidence Act 1929* or, if made elsewhere, in accordance with the law for the taking of oaths or the making of affirmations in that place.
- The deponent must swear or affirm the affidavit before a person authorised by law to witness the swearing or affirming of affidavits ('the witness'). Persons authorised to witness an affidavit are:
  - (a) a police officer, other than a police officer who is a probationary constable
  - (b) a public notary;
  - (c) a commissioner for taking affidavits;
  - (d) a justice of the peace for South Australia;
  - (e) any other person authorised by law to take affidavits.
- The contents of the affidavit cannot be altered after the affidavit has been sworn or affirmed.