To be inserted by Court			
Case Number:			
Date Filed:			
FDN:			
APPLICATION TO	REGISTRAR FOR	REMISSION	OR REDUCTION OF COURT
	F	FEES	
COURT OF SOUTH AUSTRACEIMINAL JURISDICTION CASE NO:			RESOURCES AND DEVELOPMENT circle on
R / Informant Circle one			ruii Name
v			
			Full Name
Defendant / Youth Circle one			
Lodging party			
	Party title		Full Name of party
Name of law firm/office			
Name of authorised officer	Law firm/office		Responsible Solicitor
If body corporate and no law firm/office	Full Name		
Application details Mark appropriate sections below with an 'x'			
		r raduation of acu	rt food
The applicant applies to the  This application is made on  [ ] poverty. complete Parts A ar	the grounds of	reduction of cou	it lees.
[ ] other proper reason.		I Transcript	
[ ] Notice			
Fee Amount (if known) \$		\$	
How much can you afford to	pay?	\$	
Have you applied for a remisbefore?	ssion or reduction in fees	[ ] No [ ] Yes If yes, enter Court, date, a	action number or parties, fee type below:

For	m 91Ah								
					Τ				
				Part A	You	ır Deta	nils		
Yo	ur details								
1.	Name								
		Full Na	me (if the party is	a body corpora	te, name	of the owner	or owners)		
2.	Address		, ,		•		•		
	If different to address for service	Street	Addross (includin	ng unit or level n	umhor ai	nd name of nr	operty if required)		
		Otteet	-aaress (meiaam	g unit of level in	umber a	na name or pro	perty ii required)		
		City/tov	vn/suburb	State			Postcode		Country
		Email a	ddress						
3.	Current occupation								
4.	Previous occupations If different to current (last 3 years)								
5.	Current work	r 1	Employe	۲ 	l r	1 Emple	wor namo/addres		
J.	Current work	L   J	Self-emp		l L		oyer name/addres mployed:	5.	
		LJ		-	L		inployed. business and address		
			Partnersh						
		[ ]							
					[	1 Partne	ership:		
					'		business and address		
				Enter details					
		[ ]	Unemplo						
		[ ]	Pensione		[	] Other			Enter details
		[ ]	Domestic	;	۸	. Danafita	Dansiyadı		
		[ ]	Student		Any		Received:		
					l l	-	elink/Veterans Aff	airs	
					l L		ensation		
					l l	] Insura			
					l l	-	annuation		
					l l	-	enance		
					L	_			Enter details
					L	] Nil			
6.	Do you receive any	[ ]	Yes		If you		s, select the type of payme	nts receive	d
	Centrelink/Veterans	[ ]	No		[		ployment		
	Affairs payments?		•		[	] Sickne	ess		

[

[

[

[

] Age

] Disability

] Widow

] Veterans

] Sole parent

If yes, you must

attach your most

recent statement

of payment received.

showing the amount

F	۸r	m	9	1Δ	h

	[	] Family Tax Benefit
	[	] OtherEnter details

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. 7. Previous work ] Employed ] Employer name/address: If not currently working 1 Self-employed: ] Self-employed Name of business and address ] Partnership ...... ] Other..... ...... .....Fnter ] Partnership: details Name of business and address ] Unemployed ..... ] Pensioner ..... 1 Domestic ] Student Other.....Enter Any Benefits Received: ] Centrelink/Veterans Affairs ] Compensation ] Insurance ] Superannuation ] Maintenance ] Other.....Enter details ] Nil 8. Do you have a 1 Yes ..... Enter full name current spouse/ ] No domestic partner? If you answer 'Yes' you will need to provide further details below. If you answered Yes: ] Yes..... 9. Do you have a former spouse/de I give financial support of \$[.....] per week... ..... facto/domestic partner to who you ..... Enter full name contribute [ ] No financially? If you answered Yes: ] Yes..... 10. Do you have a former spouse/de I receive financial support of \$[.....] per week. ...... facto/domestic partner from who ..... Enter full name receive financial [ ] No contributions? [ If you answered Yes: ] Yes..... 11. Do you have Does any such person living in your household children or other receive income (other than pocket money)? dependants or ..... Enter full name ] Yes..... Enter full name persons on who you and age are dependent living ] No in your household? ] No If you answer 'Yes' you will need to provide further details below.

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12. Do you have children or other dependants for who you contribute financially?	[ ] Yes	If you answered Yes:  I give financial support of \$[] per week		
13. Bank where accounts or main account held:				
14. Do you have an interest in a family company or trust?	1	Full name and principal		
Only complete if you answered 'yes' to qu	uestion 8 above			
Your current spouse/do	mestic partner's details			
15. Name	Full name			
16. Current occupation				
17. Previous occupations If different to current (last 3 years)	Occupation			
18. Current work	[ ] Employed [ ] Self-employed [ ] Partnership [ ] Other  Enter details [ ] Unemployed [ ] Pensioner [ ] Domestic [ ] Student			
19. Previous work  If not currently working (last 3 years)	[ ] Employed [ ] Self-employed [ ] Partnership [ ] Other			

[ ] Domestic	
[ ] Student	
	[ ] OtherEnter
	Any Benefits Received:
	[ ] Centrelink/Veterans Affairs
	[ ] Compensation
	[ ] Insurance
	[ ] Superannuation
	[ ] Maintenance
	[ ] OtherEnter details
	[ ] 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

Other persons living in y	your household details	
20. Name		
	Full name	
21. Current occupation		
22. Current work If any	[ ] Self-employed [ ] Self-employed [ ] Self-employed [ ] Self-employed [ ] Partnership [ ] Other	mployer name/address: elf-employed: me of business and address  artnership: me of business and address  therter details  defits Received: entrelink/Veterans Affairs
	[ ] In [ ] Si [ ] M	ompensation surance uperannuation aintenance therEnter details

## **Part B Your Financial Circumstances**

Income (b	pefore tax)		\$[Enter amount per week]		
		Applicant	Spouse/partner	Company/trust (net income after deductible expenses and tax)	
	Wage/Salary	\$	\$		
1	Self Employed	\$	\$		
Income	Investments/Dividends	\$	\$		
	Income from Rental Property	\$	\$		

	Pension benefit or allowance (eg. Centrelink, Veterans Affairs benefit)	\$ \$	
	Child Support	\$ \$	
	Superannuation/Insurance payments	\$ \$	
	Other – [Enter details]	\$ \$	
T. (.13		\$ \$	\$
Total income			

Household Expenses	\$	Enter amount per week
	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)	\$
Expenses	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	\$
	enter	
	details	
Total Expenses	1	\$

Household Assets					
Assets	Real Estate	\$			
	Vehicle	\$			
	Savings	\$			
	Investments	\$			

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	OtherEnter details	\$
Total Assets		\$

Household Liabilities		
Liabilities	Judgment Debts	\$
	Fines (outstanding with Court)	\$
	Mortgage	\$
	Car Loan	\$
	Credit Card	\$
	Centrelink	\$
	Other	···· \$
Total Liabilities		\$

Other Circumstances
Enter any further information in support of the application

# **Part C Other Proper Reason**

Proper Reason
Enter details of proper reason

Form 91Ah						
	Part D Affi	davit Verifyin	g Information			
Deponent Details Person su	wearing/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 Mark appropriate selection below with	an 'x'					
1			·····full name			
swear on oath that: do truly and solemi						
1. I have read this ap	plication for remission	on or reduction of fee	es.			
2. The facts in the ap	plication are true to t	the best of my knowl	edge.			
3. I have disclosed all	l relevant financial in	formation.				
4. I understand that I	may be required to ր	orovide further inforn	nation or evidence to su	upport my application.		
<ol><li>I understand that i misleading.</li></ol>	t is an offence to pr	rovide (or omit) info	mation relevant to this	application that is false o		

Deposed by the deponent

A.L
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

Next box not displayed on filed document

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.