APPLICATION FOR FEE WAIVER, DEFERRAL AND PAYMENT BY INSTALMENTS

Department of the Attorney-General and Justice Northern Territory Local Courts

INSTRUCTIONS FOR COMPLETING THIS FORM:

- This form is to be used for a waiver, deferral or application to pay by instalments.
- Waivers apply to Court Fees only and do not apply to fees to serve documents.
- You are not required to complete the financial hardship declaration unless you are applying on the basis of financial hardship.
- Supporting documentation may be required where you are applying on the basis of being an
 eligible Centrelink recipient, or an approved legally aided client, or where a solicitor is
 conducting your case pro-bono or from a community legal centre.

SECTION A: APPLICANT'S INFORMATION *M	ust be completed					
Full Name:	Alias (if applicable):					
Address:	Email Address:					
D.O.B:	Contact Number:					
Application made: □ Personally by Applicant	□ Via Solicitor – Agency:					
e.eean, 2, 7 ppea	= v.a. eenene. / igeney.					
Type of Fee:	Fee Amount:					
Court File Number (if applicable):						
SECTION R: WAIVED OF FEE *Complete if you	are asking for a waiver					
SECTION B: WAIVER OF FEE *Complete if you are asking for a waiver						
I apply for the waiver of the full / partial fee in the	amount of \$					
□ If my application for a fee waiver is refused, I request a fee deferral (*complete sections C & D)						
SECTION C DEFERRAL OF FEE *Complete if you are asking for a deferral						
I apply for deferral of the full / partial fee in the am	nount of \$ in the following terms:					
□ Payment by instalments: \$ per week	c / month , first payment on//					
□ Payment at the completion of the matter.						
□ Payment of fees deferred until://						

SECTION D: REASONS * Must be completed						
□ I am on a pension and have a commonwealth health concession card. *You must present either original or a copy with this application.						
□ I am legally represented by a lawyer who is providing services on either a legal aid or pro bono basis or who works for a community legal centre. *Please have your lawyer complete Section E						
□ I am unable to pay the fee because of financial hardship. *Please complete Financial Hardship Declaration attached.						
□ I rely on the following other grounds:						
SECTION E: CERTIFICATION OF LAWYER						
I certify that I am representing the applicant and that I am doing so under a grant of legal aid, on a pro bono basis, or I am employed by a community legal centre:						
(name of service)						
Name: Signature:	Signature:					
Legal Aid Reference Number (if applicable): Date:						
OFFICE USE ONLY						
Waiver Granted/ Refused (If refused, reasons):						
Deferral Granted/Refused (If refused, reasons):						
Further information required Y/N						
Centrelink / Health Care Card sighted (if applicable)	Y/N					
Signed by lawyer or other supporting document provided	Y/N					
Authorised By:						
Signature: Date: / / 20						

FINANCIAL HARDSHIP DECLARATION

Department of the Attorney-General and Justice Northern Territory Local Courts

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l,	, of	:			,	
make this declaration	pursuant to the	e Oaths, Affidavits a	and Decla	rations A	ct 2010 and	solemnly and
sincerely declare that	t the following is	my financial position	on:			
INCOME (per fortnig	ht)					
Centrelink Payments		\$				
Salary / Wages / Conf	tract	\$				
Income of Partner / S	pouse	\$				
Other Income (i.e. inv	estments, rent)					
Total Income		\$				
ASSETS						
Bank Account	Details:			\$		_
House / Land / Value	Details:			\$		_
Motor Vehicle				\$		_
Furniture / Goods	Details:			\$		_
Other Assets				\$		_
Total Assats		A				
Total Assets		\$				
LIABILITIES (per for	tnight)					
Rent / Board		\$				
Telephone		\$				
Mortgage Repayment	s	\$				
Health Care		\$				
Food		\$				
Child Care		\$				
Power and Water		\$				
Education		\$				
Insurance		\$				
Vehicle Expenses		\$				
Credit Card Payment		\$				
Clothes		\$				
Car Loan Payment		\$				
Child/Spouse Mainter	nance	\$				
Personal Loan Payme		\$				
Fares / Taxi / Bus		\$				
Other Loan Payment		\$				
Other Expenses		\$				
Total Liabilities		\$				
I declare that the sta	atement/s cont	ained in this decla	aration is	/are true	and I know	that it is an
offence ¹ to make a declaration that is false in any material particular:						
		•	•			
Signature:			_ on/_	/	at	

¹ Section 119 of the *Criminal Code Act* (NT) provides that a person making an unattested declaration that, in any material particular, is to his or her knowledge false, is guilty of a crime and is liable to imprisonment for 3 years.