



APPLICATION FOR WAIVER OF THE CONTRIBUTION TOWARDS THE COSTS OF THE INDEPENDENT CHILDREN'S LAWYER

Head Office: Central Square, 323 Castlereagh St, Haymarket NSW 2000
PO Box K847, Haymarket NSW 1238
DX 5 Sydney Tel 02 9219 5711 Fax 02 9219 5029

Legal Aid file number:
Family Court file number:
Your solicitor's name:
Name of solicitor's firm:

ABOUT YOU

1. Your Name

Mr Mrs Ms Miss Other

Given Name(s):
Surname/ family name:
Other names (alias):

2. Marital status:

Single Defacto Married Separated Divorced Widowed

3. Current address:

Street:
Suburb:
Post Code:

4. Telephone numbers:

Home:

Work:

Mobile:

5. What is your usual occupation?

6. Are you employed at the moment? (Yes/No)

ABOUT YOUR LIVING ARRANGEMENTS

7. Are you

Renting? Boarding ? Own/ purchase?

Other (please detail)

8. How much per week do you currently pay for this housing? \$

9. Do you currently live with a spouse or defacto partner?

No Go to question #10

Yes

What is their name?

What is their occupation?



10. Do you and your spouse/partner have any dependents?

No. Go to question #11

Yes. Please fill out the following table;

Name	Age	Relationship to you	Who is that person living with?
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Do you pay child support?

No Yes. Please state how much you pay

ABOUT YOUR INCOME, MONEY AND PROPERTY

** IMPORTANT – WE NEED TO KNOW YOUR PARTNER'S INCOME IF THEY ARE LIVING WITH YOU

11. Please list any pensions or benefits you AND your spouse/partner receive.

Type of benefit or pension	Your weekly pension	Your partner's weekly pension
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Please include a copy of your pension/benefit cards.

12. Please list ALL sources of income for both you AND your spouse/partner

Weekly wages or salaries

Yours (after tax) per week Your partners (after tax) per week

\$ \$

Please include a copy of your latest payslip (or letter from your employer telling us your weekly income and tax paid).



Incomes from any businesses you own

Yours (after tax) per week Your partners (after tax) per week

\$ \$

Please include a copy of your;

1. Last income tax return
2. Balance sheet
3. Profit and loss statement

Any other income or payments you receive

Type of income Yours (after tax) per week Your partners (after tax) per week

 \$ \$

 \$ \$

 \$ \$

13. Please list ALL properties/ assets owned by you AND your spouse/partner

Property owned (or being paid off) by you AND your spouse/partner

Address of property

Registered owners

Value (if it was to be sold)

How much is still owed (and to who)

Address of property

Registered owners

Value (if it was to be sold)

How much is still owed (and to who)

Address of property

Registered owners

Value (if it was to be sold)

How much is still owed (and to who)

Vehicles owned (or being paid off) by you AND your spouse/partner

Make/model of vehicle

Registered owners

Value \$ How much is still owed \$

Make/model of vehicle

Registered owners

Value \$ How much is still owed \$

Make/model of vehicle

Registered owners

Value \$ How much is still owed \$

Savings/cheque accounts held by you AND your partner

Yours

Your spouse/partner

Bank and branch	Amount (\$)	Bank and branch	Amount (\$)
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<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Please send us the bank statements for the last two months

Other property you AND your spouse/partner own (E.g, shares, bonds, trusts, boats, caravans)

Property item

Registered owner (you/ your spouse/both)

Value (\$)

Property item

Registered owner (you/ your spouse/both)

Value (\$)

Property item

Registered owner (you/ your spouse/both)

Value (\$)

14. Please list any money or debts you or your spouse/partner owe to others. (E.g, credit cards, personal loans, fines, outstanding legal expenses)

Property owned (or being paid off) by you AND your spouse/partner

Amount (\$)	Who is this owed to?	Who's debt is this? (yours/your spouse/both)

DECLARATION

I declare to the best of my knowledge and belief that the information I have given is true and correct.

Signature:

Name:

Date:

Witness details

Name:

Street:

Suburb:

Post Code:

Signature:

Date:

DON'T FORGET TO INCLUDE THE FOLLOWING IF RELEVANT (FOR YOU AND YOUR SPOUSE/PARTNER).

- A copy of any pension/ benefit cards
- A copy of your latest payslip
- Business Statements (tax return, balance sheet, profit and loss)
- The last two months bank statements for your bank accounts

YOUR APPLICATION FOR WAIVER WILL NOT BE CONSIDERED IF YOU DO NOT ATTACH ALL DOCUMENTS REQUIRED TO VERIFY THE INFORMATION THAT YOU HAVE PROVIDED.