

Updated Financial Statement

This form is to be used to update a client's financial situation subsequent to a grant of legal aid.

File Number: DRS/

1. YOUR PERSONAL DETAILS

Mr/ Mrs/ Miss/ Ms (circle one)

Given Names:

Surname:

Address:

Postcode:

Date of Birth:

Telephone:

Home:

Work:

Mobile:

2. YOUR MARITAL STATUS

Are you: Single Married Divorced De facto Separated
 Widowed Other

Are you currently living with your spouse or de-facto partner? YES NO

If yes, please give details of your spouse or partner:

Full name:

Occupation:

3. YOUR DEPENDANTS

Do you (or your spouse or de-facto partner living with you) have any dependants? YES NO

If yes, how many dependants do you have?

Name	Age	Relationship to you	Who does this person live 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"/>
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4. DETAILS OF EMPLOYMENT

Are you employed? YES NO

If yes, please give details:

What is your usual occupation?

What is your employers name?

What is your employers address?

5. YOUR INCOME

a) Do you or your partner living with you receive a weekly wage or salary? YES NO

If yes, how much do you earn after tax?

Your weekly salary

\$

Your partner's weekly salary

\$

** Please send a copy of your last 3 payslips or a letter from your employer setting out your weekly income and tax paid.*

b) Do you or your partner living with you receive a weekly pension or Centrelink benefit?

YES NO

If yes, please give details:

Type of pension or benefit

Your pension/benefit per week \$

Your partner's pension/benefit per week \$

<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 send a copy of your pension or benefit card or a letter from Centrelink setting out your weekly amount received.*

c) Do you or your partner living with you receive any other income? For example, business income, maintenance payments, board, rent, workers compensation, superannuation, interest earned on investments? YES NO

If yes, please give details:

Type of income

Your income per week \$

Your partner's income per week \$

<input type="text"/>
<input type="text"/>
<input type="text"/>

<input type="text"/>
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<input type="text"/>

<input type="text"/>
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<input type="text"/>

**Please send a copy of your last 3 bank statements or last income tax return.*

6. YOUR ASSETS

a) Do you or your partner living with you own your home (including a home that you are paying off)? YES NO

If yes, please give details:

What is the address?

Who is the registered owner of the home?

What is the market value of this real estate? \$

How much do you owe? \$

b) Do you or your partner living with you own any other real estate or investments? For example, house or land (including real estate that you are paying off). YES NO

If yes, what is the address?

Who is the registered owner?

What is the market value of this real estate? \$

How much do you owe? \$

c) Do you or your partner living with you own any motor vehicles (including those that you are paying off)? YES NO

If yes, please give details:

Make	Model	Year	Market value \$	Money owed \$

d) Do you or your partner living with you have any savings? eg, money in a bank, building society or credit union? YES NO

If yes, please give details:

Your savings

Financial Institution (ie Bank, Credit Union etc)	Amount \$

Your partner's savings

Financial Institution (ie Bank, Credit Union etc)	Amount \$

**Please send copies of your last 3 bank statements for each account.*

e) Do you or your partner living with you own any other property of value? For example, shares, boats, caravans etc. YES NO

If yes, please give details:

Description	Market value \$	Money owed

Amount paid per week

a) What are your weekly expenses?

Housing (please circle): Mortgage/ Rent / Board

Rates

Insurance

Superannuation (contributions paid by you)

Child care

Maintenance

Weekly living expenses (eg. food, electricity, gas, transport etc)

Other

Total

b) Do you or your partner living with you owe any money? For example, personal loans, fines, credit cards. YES NO

If yes, please give details:

Your debts:

Owed to Amount \$

Your partner's debts:

Owed to Amount \$

8. YOUR FINANCIAL SITUATION

a) Does anything else affect your financial situation? If yes, please give details.

b) Do you expect your financial circumstances to change in the near future? For example, receipt of a benefit, loan, gift, compensation, redundancy etc. If yes, please give details.

9. DECLARATION

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

Signature:

Date:

Witness:

Signature:

Address:

Name:

Please send the completed form, together with all relevant documentation to:

Legal Aid NSW
Accounts Receivable Unit,
Level 8,
PO Box K847 Haymarket NSW 1238 or
323 Castlereagh St, Sydney NSW 2000

To contact the Accounts Receivable Unit:
Telephone: (02) 9219 5699 Facsimilie: (02) 9219 5096

OFFICE USE ONLY:

Date received

