

Application for exemption from fees – general

(not to be used for divorce)

Family Law (Fees) 2012 Section 2.04

Give Details	
File number	
File name	
Date filed	

Notice to applicant

Use this form if:

- you are the primary cardholder of a Health Care Card, Health Benefit Card, Pensioner Concession Card, Commonwealth Seniors Health Card or any other card issued by Centrelink or the Department of Veterans' Affairs that entitles you to Commonwealth health concessions (does not include a dependant of the primary cardholder),
- you are receiving Legal Aid for your proceeding in the Family Court or Federal Circuit Court from a state/territory legal aid office or approved legal aid scheme or service, youth allowance or Austudy payment or Abstudy,
- you are an Independent Children's Lawyer appointed to represent a child's interests in proceedings under the Family Law Act (only exempt for Subpoena and Interim application fees)
- you are under the age of 18, or
- you are an inmate of a prison or otherwise legally detained in a public institution.

When returning your completed application form to the registry you will need to attach photocopies of documentary evidence of any of the above (such as your Health Care Card or Legal Aid letter) to support your claim. Photocopy both sides of the card or other document.

If you do not qualify for any of the above, you may be able to apply for a fee exemption on the basis of financial hardship. Ask registry staff for the appropriate form and guidelines.

If your application for exemption is unsuccessful, you will be required to pay the full filing fee before your forms will be accepted.

Warning: Under the Criminal Code any person who knowingly makes an untrue representation or statement to obtain a benefit or advantage from the Commonwealth is guilty of an offence and, if found guilty, can be fined or imprisoned.

Note: Where there is more than one applicant to an application, all applicants must meet the requirements for an exemption or the full fee applies.

Fee exemptions and reductions only apply to court fees. GST does not apply to court fees.

Details		Cross boxes where applicable	
Name and address	Family name (surname):	Given names:	
	Address:	Postcode:	Telephone: ()
Fee for which exemption is sought	<input type="checkbox"/> Family Court	<input type="checkbox"/> Federal Circuit Court	
	Form: <input type="checkbox"/> Application (Not including divorce) <input type="checkbox"/> Response	<input type="checkbox"/> Setting-down Fee <input type="checkbox"/> Hearing Fee <input type="checkbox"/> Interim application <input type="checkbox"/> Subpoena <input type="checkbox"/> Conciliation conference <input type="checkbox"/> Consent orders (FCoA only) <input type="checkbox"/> Initiating application (parenting & financial) VII & VIII orders Other	Appeal: <input type="checkbox"/> to Full Court

Reason for seeking exemption	<p>I currently receive the following means-tested pension or other benefit:</p> <p><input type="checkbox"/> Health Care Card</p> <p><input type="checkbox"/> Pensioner Concession Card</p> <p><input type="checkbox"/> Commonwealth Seniors Health Card</p> <p><input type="checkbox"/> Any other card issued by Centrelink or the Department of Veterans' Affairs that certifies entitlement to Commonwealth health concessions</p> <p><input type="checkbox"/> Youth allowance or Austudy payment</p> <p><input type="checkbox"/> Abstudy benefits</p>	<p>Or</p> <p><input type="checkbox"/> I am in receipt of Legal Aid</p> <p><input type="checkbox"/> I am a child under 18 years</p> <p><input type="checkbox"/> I am an inmate of a prison or otherwise lawfully detained in a public institution</p> <p><input type="checkbox"/> Independent Children's Lawyer</p> <p><input type="checkbox"/> Approved community legal centre</p>
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Signature		
<input type="checkbox"/> Person in 1 or <input type="checkbox"/> lawyer who prepared this application for person in 1 (<i>print lawyers name</i>) Name of lawyer who prepared this application for person in 1:		
COURT USE ONLY		
<input type="checkbox"/> Copy of relevant documents attached	<input type="checkbox"/> Exemption granted	<input type="checkbox"/> Exemption refused
Signature of officer:	Name of officer:	Date _____ / _____ / _____