



Application - Exemption form Payment of court fees

Family Law Regulation 11(7)(c)(d)
Federal Magistrates Regulation 2000, Regulation 8

Give Details	
File Number	
File name	
Date filed	

Cross boxes where applicable

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), or
- you are receiving Legal Aid, Youth allowance or Austudy payment or Abstudy, or
- you have received a 'Notice of Exemption' from an approved Community Legal Centre
- you are a child under 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 to be waived on the basis of financial hardship. Ask registry staff for the appropriate form and guidelines.

An exemption is valid only for the fee for which you seek an exemption. If a further fee is payable you will need to reapply.

Details

1 Name and address	<input style="width: 100%;" type="text" value="family name (surname)"/>	<input style="width: 100%;" type="text" value="given names"/>
	<input style="width: 45%;" type="text" value="postcode"/>	<input style="width: 45%;" type="text" value="tel"/>
2 Fee for which exemption is sought	<p>Family Court: Form: <input type="checkbox"/> Application <input type="checkbox"/> Response <input type="checkbox"/> Hearing fee</p> <p>Federal Magistrates Court: Form: <input type="checkbox"/> Application (including divorce) <input type="checkbox"/> Response <input type="checkbox"/> Hearing fee</p> <p>Appeal: <input type="checkbox"/> to Full Court <input type="checkbox"/> from court of summary jurisdiction</p>	
3 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"/> Health Benefit 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 the 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 have received a 'Notice of Exemption' from an approved Community Legal Centre</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>	

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	<input type="checkbox"/> Exempt	<input type="checkbox"/> Legal Aid
Signature of officer		Date / /		