

## APPLICATION FOR WAIVER OF CONTRIBUTION (Independent Children's Lawyer Cases)

Please complete all questions on the form and give us the financial information where asked. Please post to Legal Services Commission, GPO Box 1718, ADELAIDE 5001 or deliver personally to 159 Gawler Place, Adelaide.

1      **Given names** **Family name**

2      **Title**  
Mr    Ms    Mrs    Miss

3      **Your Date of Birth**

4      **Are you in receipt of legal aid?**   YES                       NO

5      **Name of Independent Children's Lawyer:**

6.      **Name of Other Party / Parties in Family Court / Federal Circuit Court proceedings:**

7      **Your Occupation**

8      **Your lawyer**

9      **Your home address**

Postcode

10      **Should we send mail to you at your home address?** Yes       Go to question 11  
No       Where can we send mail to you?.

Postcode

11      **Your phone numbers**

Home  (   )

Work  (   )

Other contact number  (   )

12      **List other persons living with you**

<i>Given Names</i>	<i>Family Name</i>	<i>Age</i>	<i>Relationship to you</i>	<i>Do they have a separate income?</i>

**13 Do you have a financially associated person?** YES  NO

If another member of your household has a separate income, that person may be defined as a 'financially associated person'. A financially associated person means your partner, spouse, and can include a parent, trust, corporation or group. A financially associated person includes any person from whom you usually receive financial support, to whom you usually provide financial support, who could reasonably be expected to financially assist you in obtaining legal services. If you have a financially associated person, please provide details where asked.

**14 Please give type of income or benefit and amount you receive weekly:** You may be required to substantiate any of the below details by providing to the Legal Services Commission, upon request, copies of recent pay slips or letters from employers setting out details of your income etc, last years tax return and copies of recent bank statements

Type	Your Amount	Other persons amount
Gross Income include overtime, penalty rates etc	\$ per week	\$ per week
Centrelink or other benefits please specify e.g. Newstart Allowance, Parenting Payment, AUSTUDY etc.	\$ per week	\$ per week
Child or Spousal Maintenance	\$ per week	\$ per week
Interest on Bank A/C & Investments	\$ per week	\$ per week
Other	\$ per week	\$ per week
<b>TOTAL</b>	\$ per week	\$ per week

**15 Average weekly expenses** Note - Give weekly amounts in whole dollars. If the amount for an item is nil, write 'NIL'

Tax Paid inc Medicare	\$ .00	\$ .00
Share of house expenses	\$ .00	\$ .00
- Mortgage	\$ .00	\$ .00
- Council rates	\$ .00	\$ .00
- Rent/Board	\$ .00	\$ .00
Loans (please specify)	\$ .00	\$ .00
Child care fees	\$ .00	\$ .00
Child support payments	\$ .00	\$ .00
Other debts (please specify)	\$ .00	\$ .00
	\$ .00	\$ .00
	\$ .00	\$ .00
<b>TOTAL</b>	\$ .00	\$ .00

**16. Property and financial resources**

**What do you and a financially associated person own ?**

*Please provide details*

Give details		Your Property	Others property
		Value	Value
Home address		\$ .00	\$ .00
Other real estate		\$ .00	\$ .00
Furniture & household effects		\$ .00	\$ .00
Personal effects		\$ .00	\$ .00
Bank or other accounts		\$ .00	\$ .00
Cash on hand		\$ .00	\$ .00
Shares & debentures		\$ .00	\$ .00
Motor vehicles (make, year)		\$ .00	\$ .00
Life insurance policies		\$ .00	\$ .00
Superannuation		\$ .00	\$ .00
Money owed to you		\$ .00	\$ .00
Other (specify) eg Jewellery, caravan, boats, motor bikes etc		\$ .00	\$ .00
		\$ .00	\$ .00
		\$ .00	\$ .00
		\$ .00	\$ .00
		\$ .00	\$ .00
<b>Total</b>		\$ .00	\$ .00

**17. Are there current or proposed property settlement proceedings that relate to any of the above items?**

YES  NO

If YES, please provide details:

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**18. What you & a financially associated person owe** *Give full details to identify each item and to whom it is owed*

	Owed by you	Owed by other
Home loan (address)	\$ .00	\$ .00
Other mortgages	\$ .00	\$ .00
Other loans	\$ .00	\$ .00
Child support arrears	\$ .00	\$ .00
Credit card accounts	\$ .00	\$ .00
Leases/hire purchases	\$ .00	\$ .00
Other debts (please specify)	\$ .00	\$ .00
	\$ .00	\$ .00
	\$ .00	\$ .00
	\$ .00	\$ .00
	\$ .00	\$ .00
<b>Total</b>	\$ .00	\$ .00

**YOUR DECLARATION** All applicants must sign the Declaration

I (name):.....  
 .....

Address.....  
 .....  
 .....

declare that all the above information is true. I agree to advise the Legal Services Commission of any changes in my financial circumstances.

...../...../.....  
 Applicant's Signature Date

For office use only	Approved/ Rejected	Waived in full/Reduced/Deferred	Date.....	Initials .....
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