

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 or email to ICL@lsc.sa.gov.au

1	Given names	Family name
	<div style="border: 1px solid black; height: 25px; width: 100%;"></div>	<div style="border: 1px solid black; height: 25px; width: 100%;"></div>
2	Title Mr <input type="checkbox"/> Ms <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/>	
3	Your Date of Birth	
	<div style="border: 1px solid black; height: 25px; width: 100%;"></div>	
4	Are you in receipt of legal aid? YES <input type="checkbox"/> NO <input type="checkbox"/>	
5	Name of Independent Children's Lawyer:	
	<div style="border: 1px solid black; height: 25px; width: 100%;"></div>	
6.	Name of Other Party / Parties in Federal Circuit and Family Court of Australia proceedings:	
	<div style="border: 1px solid black; height: 25px; width: 100%;"></div>	
7	Your Occupation	
	<div style="border: 1px solid black; height: 25px; width: 100%;"></div>	
8	Your lawyer	
	<div style="border: 1px solid black; height: 25px; width: 100%;"></div>	
9	Your home address	
	<div style="border: 1px solid black; height: 25px; width: 100%;"></div>	
	<div style="border: 1px solid black; height: 25px; width: 100%; text-align: center;">Postcode</div>	
10	Should we send mail to you at your home address? Yes <input type="checkbox"/> No <input type="checkbox"/> Where can we send mail to you?.	
	<div style="border: 1px solid black; height: 25px; width: 100%;"></div>	
	<div style="border: 1px solid black; height: 25px; width: 100%; text-align: center;">Postcode</div>	
11	Your phone numbers	
	Home	<div style="border: 1px solid black; height: 25px; width: 100%; text-align: center;">()</div>
	Work	<div style="border: 1px solid black; height: 25px; width: 100%; text-align: center;">()</div>
	Other contact number	<div style="border: 1px solid black; height: 25px; width: 100%; text-align: center;">()</div>
	Email address	<div style="border: 1px solid black; height: 25px; width: 100%;"></div>

12 List other persons living with you

Given Names	Family Name	Age	Relationship to you	Do they have a separate income?

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
TOTAL	\$ 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
TOTAL	\$.00	\$.00

16. Property and financial resources

What do you and a financially associated person own ?

Please provide details

Give details		Your Property Value	Others property 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
Total		\$.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:

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