

# Application to Postpone, Waive or Remit Court Fees



## You can use this form to:

Apply to Postpone, Waive or Remit fees associated with NSW Courts and Sheriff's Office.

## How to complete this form:

To complete the form you must first select the Court, Application Type and Grounds for your application.

You must complete this form every time you cannot pay a fee in your proceedings, even if you are:

- receiving Centrelink payments
- legally aided
- receiving pro bono assistance in civil proceedings

Completed applications will be determined by an authorised person in accordance with the Attorney General's Guidelines on Fee Waiver. A copy of the guidelines can be downloaded from the publications section of the [www.lawlink.nsw.gov.au/ucpr](http://www.lawlink.nsw.gov.au/ucpr) website, or upon request from registry staff.

Fields marked with an asterisk (\*) must be completed before your form can be processed.

## Section 1 - Application Type

Which court are you applying in? \*

What type of application are you making? \*

Reason(s) for making this application? \*

- I cannot afford to pay the fee, nor can I obtain credit on reasonable terms
- I am on a pension and have a Commonwealth health concession card  
(Please attach a copy of your current health concession card or provide a copy to registry)
- I am receiving legal aid, pro bono representation or community legal representation
- I paid for a service that I no longer need the Court to perform
- I paid the Court for a service it could not perform
- I paid too much for the service performed
- I paid court fees while I was represented by a legal aid or pro bono lawyer and eventually lost my case or although I won my case, I did not receive legal cost or damages
- Other reasons for making this application
- I am currently in custody and representing myself in this proceeding
- I am seeking fee on compassionate grounds
- Other (you will be required to provide a description in the Other Grounds section below)

## You can use this section of the form if:

- you cannot pay the filing fee required to start your proceedings, or
- you cannot pay a fee in your ongoing court proceedings.

Fields marked with an asterisk (\*) must be completed before your form can be processed.

**You can use this section of the form if:**

- if you cannot pay the fees postponed at the beginning, or during, your proceedings
- you cannot pay the fee for an administrative service, such as photocopying or removal costs
- you cannot pay service or .

Fields marked with an asterisk (\*) must be completed before your form can be processed.

**You can use this section of the form if:**

- you paid a fee for a service that the no longer needs to perform
- you paid the court for a service it could not provide e.g. you paid for a transcript when the matter was not transcribed, or you paid for a copy of a specific document, but that document was not found on the file
- you paid too much for a service
- you paid court fees while you were represented by a legal aid or pro bono lawyer and eventually lost your case
- you paid court fees while you were represented by a legal aid or pro bono lawyer and although you won your case, you did not receive legal costs or damages
- there is any other reason why you believe the Court should remit or refund your payment e.g. you were issued with an incorrect invoice.

Fields marked with an asterisk (\*) must be completed before your form can be processed.

## Section 2 - Personal Details

Title	Given Name *	
<input type="text"/>	<input type="text"/>	
Family Name *	Date of Birth *	
<input type="text"/>	<input type="text"/>	
Address Line 1 *		
<input type="text"/>		
Address Line 2		
<input type="text"/>		
Suburb / Town *	State *	Postcode *
<input type="text"/>	<input type="text"/>	<input type="text"/>

## Section 3 - Fee Details

Case Number (if known)

Your role in the proceedings  
 (e.g. plaintiff, defendant, appellant, respondent, lawyer, non party)

Your role in the proceedings  
 (e.g. plaintiff, defendant, appellant, respondent, lawyer, non party, applicant, agent)

Type of proceedings  
 Civil       Criminal

Fee Type

Amount you are seeking to be (if known)

### Fee Details

I am seeking remission / refund of . Please attach copies of any relevant receipt(s). If the amount here does not equal the total(s) on the receipt(s), please circle the relevant amount(s) on the receipt(s).

If you no longer have copies of your receipt(s), please provide the type of fee paid (e.g. filing fee on a summons,

transcript), the date you paid the fee and the receipt number (if known) and payment method. Attach extra pages if you need more space.

Fee Type

Date paid

Receipt Number

Payment method

Cheque

Cash

EFTPOS / Credit Card

Money Order

## Section - Legal Representative

I certify that I am providing legal services

on a pro bono basis in the above proceedings

Note: either attach a copy of your letter of approval from pro bono, or ask your lawyer to sign below.

Date From \*

Date To \*

through an appointment by the legal aid commission in the above proceedings

Note: either attach a copy of a letter confirming legal aid representation, or ask your lawyer to sign below.

Date From \*

Date To \*


through a community legal centre in the above proceedings

Note: either attach a copy of a letter confirming community legal centre representation, or ask your lawyer to sign below.

Date From \*

Date To \*

Signature of legal representative / pro bono lawyer \*

<b>Sign Here</b> 	
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Print Name (legal representative / pro bono lawyer)

Date

What was the court's final order? \*

The court entered judgment against me.

Note : attach a copy of the court's final orders.

I won my case, but the court did not award me any legal costs or any damages.

Note : attach a copy of the court's final orders.

I won my case and the Court awarded me nominal damages, but no legal costs.

Note : attach a copy of the court's final orders.

## Section - Statutory Declaration of Financial Details

I, (name)

of (address):

solemnly and sincerely declare:


1. The statement of my financial circumstances and any previous applications to postpone payment of a court fee outlined below is correct to the best of my knowledge and belief.

2. I make this solemn declaration conscientiously believing it to be true and by virtue of the Oaths Act 1900

Declared this: (date)

At: (suburb or town)

Signature of applicant \*

Sign Here		
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Signature of Justice of the Peace or Lawyer \*

Sign Here		
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## Section - My Weekly Income

### My Occupation

### My Weekly Income

Social security benefits / pensions (include family payments etc)

### Weekly Value

Your average income after tax, from salary or wages

### Other Forms of income

Self-Employed Income

Interest

Dividends

Rent

Trust distributions

Other

**TOTAL**

## Section - My Property

### My Property

### Estimated Value

Home

Other property

Funds in banks / financial institutions, including funds held in off-set accounts

Investments

Motor vehicle

Household contents

Other personal property

**TOTAL**

## Section - My Liabilities

### My Liabilities

Estimated weekly basic living expenses  
(e.g. food, household supplies, utilities,  
rent)

### Name of Bank / Institution

### Amount owed

### Other Liabilities

Home mortgage

Other loans

Credit cards

Motor vehicle

Other liabilities (Specify)

**TOTAL**

## Section - Liability Details

Does anyone contribute to paying these liabilities (e.g. your spouse / partner)?

- No, I alone pay the above liabilities.  
 Yes. Please provide his / her name and weekly contribution.

Please provide his / her name and weekly contribution

Name

Weekly Contribution

Do you have any dependants?

- No  
 Yes

How many?

What age(s)?

## Section - Fee Postponement and Waiver History

Have you had fees postponed or waived previously in this court? \*

- No, I have not had any court fees postponed or waived in this court.  
 Yes. Please provide further information below. You may tick more than one box.

The fee needed to commence these court proceedings was postponed or waived.

Other filing fees incurred during this court proceedings were postponed or waived.

The number of times my court fees were postponed previously in this proceedings was

I am involved in another / other ongoing proceeding(s) at this court where fees have been postponed or waived

The case number(s) was / were

I was involved in another / other proceedings at this court that are now finished. The number of times my court fees were postponed or waived in these completed proceedings was

The case number(s) was / were

Other proceedings where fees have been postponed or waived

The case number(s) was / were

## Section - Details of Custodial Sentence

I was sentenced in the \*

Local Court    District Court    Supreme Court

Date sentenced \*

Expiry date of sentence (an approximation is sufficient) \*

## Section - Compassionate Grounds

Please specify \*

## Section - Service No Longer Required

I no longer require the service I paid for because \*

I filed the document in error    I found my original documents and no longer need copies from the Court

Other reason (attach extra pages if you need more space to write your explanation)

## Section - Court Unable To Provide the Service Paid

The Court wrote to me confirming it could not provide the service for which I paid. I attach a copy of this letter. \*

(Insert name of staff member or his / her position, e.g.Registrar) from the Court told me it could not provide the service for which I paid because

There is no transcript available for the date I requested

The documents I wanted copied were not on the file or do not exist

Other reason (attach extra pages if you need more space to write your explanation)

## Section - Details of Overpayment

My overpayment occurred because \*

The deposit payable on my transcript fee was more than the final charge

Other reason (attach extra pages and any supporting correspondence if required)

## Section - Other Grounds for Seeking

Please specify; you may attach additional pages if there is insufficient space below \*

## Section - Applicant Statement and Signature

- I confirm that the information I have provided in this application is accurate and truthful.
- I am aware failure to fully disclose my income, assets and liabilities under Statutory Declaration of Financial Details section may result in legal proceedings against me.
- I acknowledge that failure to provide the details requested on this form will delay assessment of my application.

Applicant signature \*

Sign Here



Date

**OFFICE USE ONLY**

I approve of:

- the total fees claimed by the applicant
- a portion of the fees claimed (please specify) (please specify the amount you are willing to waive)

(please specify the amount and the reason why it is not appropriate to remit / refund the full amount)

The postponed fees are payable:

- in full at the end of proceedings
- by instalments at  per fortnight / month (please circle)
- in full at a specified date before the end of proceedings  (insert date)

My reason(s) for approving the application are (please tick all the applicable boxes)

- The applicant is legally aided
- The applicant is receiving pro bono assistance
- The applicant was represented by a pro bono lawyer and the fee is not to be taken according to Part 4 Clause 12(2) of the Civil Procedure Regulation 2005
- The applicant was legally aided and the fee is not to be taken according to Part 4 Clause 13(2) of the Civil Procedure Regulation 2005
- The applicant has insufficient income and capital to pay the fee or to obtain credit on reasonable terms
- The applicant's debts are such that he or she is incapable of obtaining credit on reasonable terms to pay the fees
- Payment of the fee will cause the applicant undue financial hardship
- Compassionate grounds
- The applicant is self-represented and in custody
- The service requested is an essential step in the proceedings and there is no viable alternative to it being undertaken (legally qualified registrars in the Supreme Court only)
- The applicant had a Commonwealth Health Care Card Number  sighted by
- The document was clearly filed in error and the impact of this error on the court's time is nil or negligible
- The court did not provide the service sought and paid for
- Invoicing or clerical error (i.e. incorrect fee was charged; the wrong party was invoiced)
- The court has not started to perform the service that is no longer required so there has been nil or negligible wastage of the court's resources
- Compassionate grounds
- The applicant has paid more than the prescribed fee
- Other reason(s):

I decline the application for the following reason(s) (please tick all applicable boxes)

- The applicant has sufficient income and capital to pay the fee or obtain credit on reasonable terms
- Is an initiating enforcement action
- There is a viable, fee-free alternative to providing the service sought
- The applicant failed to provide missing information or supporting documentation within 48hours, or an alternate agreed timeframe
- The application relates to a service that the court has previously performed for the applicant
- The applicant has, without a reasonable excuse, failed to pay previously postponed fees



- The applicant has made false or misleading statements or omissions in an application or in discussions with court staff in relation to an application
- The applicant has had more than \$2,500 in fees postponed, waived or remitted in the last 12 months
- The applicant has had more than \$5,000 in fees postponed, waived or remitted in the last 3 years
- The service requested is not an essential step in the proceedings
- The applicant has been declared a vexatious litigant or is subject to vexatious proceeding orders and there is no merit to the current claim
- The applicant has no reasonable prospects of success in the proceedings
- The proceedings is an abuse of process
- The applicant has had more than \$2,500 in fees postponed and / or waived in the last 12 months
- The applicant has had more than \$5,000 in fees postponed and / or waived in the last 3 years
- The court has already spent time considering the document filed in error
- The court's final orders do not support the application of Part 4 Clause 12(2) of the Civil Procedure Regulation 2005
- The applicant is seeking refund of a hearing allocation fee because the matter settled before the hearing took place
- The court has already completed the service requested and paid for
- The court's final orders do not support the application of Part 4 Clause 13(2) of the Civil Procedure Regulation does not apply
- The court's invoice is correct
- Other reason(s):

The fees are payable

- in full immediately       by instalments at \$  per fortnight / month (please circle)

Signed:

<b>Sign Here</b>		
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Date

Printed Name

Date applicant advised

The following errors were found in your form. Please correct them before submitting your form.  
To go directly to the errors on your form, please use the buttons below or double-click on the issue(s) in the list.