|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **APPLICATION FOR FEE WAIVER AND**  **AFFIDAVIT OF FINANCIAL CIRCUMSTANCES** | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
| IN THE CHILDREN’S COURT | | | | | | | | Court Reference: | | | | |  |
| OF VICTORIA AT | | |  | | | | | | |  | | | |
|  | | | | | | | | | | | | | |
| **Case details** | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
| Case name: | |  | | | | | | | | | | | |
| Hearing type: | |  | | | | | | | | | | | |
| Hearing date(s): | |  | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
| **Applicant details** | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
| Name: | | | |  | | | | | | | | | |
| Occupation: | | | |  | | | | | | | | | |
| Name of employer: | | | |  | | | | | | | | | |
| Gross weekly wage: | | | |  | | | | | | | | | |
|  | | | | | | | | | | | | | |
| **Weekly expenses** | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
| Rent/board: | | | | | | $ | | | | | |  | |
| Rates/electricity/gas: | | | | | | $ | | | | | |  | |
| Food expenses: | | | | | | $ | | | | | |  | |
| Phones (home/mobile): | | | | | | $ | | | | | |  | |
| Travel (fuel, public transport fares): | | | | | | $ | | | | | |  | |
| Medication/medical costs: | | | | | | $ | | | | | |  | |
| Child support/maintenance: | | | | | | $ | | | | | |  | |
| Loan repayments: | | | | | | $ | | | | | |  | |
| **Total weekly expenses** | | | | | | $ | | | | | |  | |
|  | | | | | | | | | | | | | |
| **Reasons for request** | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
| I apply for a fee waiver for the following reasons: | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
| **Affidavit** | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
| The contents of this affidavit are true and correct and I make it knowing that a person making a false affidavit may be prosecuted for the offence of perjury. | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
| \*Sworn/\*Affirmed at [*place*] | | | | |  | | | | | |  | | |
| in the State of Victoria on [*date*] | | | | |  | | | | | |  | | |
|  | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
|  | | | | | | | | |  | | | | |
|  | | | | | | | | | [*Signed by person*] | | | | |
|  | | | | | | | | | | | | | |
| Before |  | | | | | |  | | | | | | |
|  | [*Signature*] | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | |
|  | [*Name, capacity and address in legible writing, typing or stamp*] | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
| Authorised under section 19(1) of the *Oaths and Affirmations Act 2018*to take an affidavit. | | | | | | | | | | | | | |