

DISTRICT COURT (FEES) REGULATIONS 2002

Form 2 Application to reduce fee			
In the District Court of Western Australia		No. of 2	
Plaintiff/Appellant*: (*strike out word that is not applicable)			
Defendant/Respondent*: (*strike out word that is not applicable)			
Fee type for which request is made			
<input type="checkbox"/> Application fee	<input type="checkbox"/> Hearing fee	<input type="checkbox"/> Transcription fee	<input type="checkbox"/> Other (please describe below)
Concession Card Holder <input type="checkbox"/> Yes <input type="checkbox"/> No		Pension Concession Card No: 	
		Health Care Card No: 	
Grant of Legal Aid under a legal aid scheme or service <input type="checkbox"/> Yes <input type="checkbox"/> No			
Applicant Details:	Full name:		
	Please indicate your party type:		
	<input type="checkbox"/> Individual <input type="checkbox"/> Entity		
	Address:		
Date of birth:			
If you are applying for a fee reduction because of financial hardship or in the interests of justice, please give supporting reasons for your request (attach a separate page if required). <u>If the reasons include financial hardship you must complete the information on the following pages.</u>			
I certify that the above information and disclosures in this form are true and correct.			
<i>Applicant's Signature</i>		<i>Dated:</i>	

<i>*Note: A person who makes a statement or representation in this application that the person knows or has reason to believe is false or misleading in a material particular commits an offence under District Court (Fees) Regulations 2002 regulation 8B(1).</i>			
COURT SEAL			
FINANCIAL DETAILS: APPLICANT WHO IS AN INDIVIDUAL			
If the reasons for application include financial hardship, the following sections of the form must be provided by the applicant if the applicant is an individual.			
Occupation:			
Employer:			
Employer's Address:			
Marital Status:	<input type="checkbox"/> single	<input type="checkbox"/> married	<input type="checkbox"/> partner
	<input type="checkbox"/> de facto	<input type="checkbox"/> separated	
Dependants:	<input type="checkbox"/> dependant wife/husband/partner/de facto		
	____(number of) dependant children		
INCOME AND FINANCIAL ASSET DETAILS			
Income / financial assets (net)	Self	Partner	Total
Wage / salary / benefit	\$	\$	\$
Money in financial institution	\$	\$	\$
Cash	\$	\$	\$
Income from investments	\$	\$	\$
Other income	\$	\$	\$
Money loaned and to be repaid	\$	\$	\$
Total	\$	\$	\$
EXPENDITURE DETAILS			
Rent / board	\$	\$	\$
Mortgage payment	\$	\$	\$
Maintenance for dependants	\$	\$	\$
Food	\$	\$	\$
Utilities (gas / electricity)	\$	\$	\$
Telephone	\$	\$	\$
Water	\$	\$	\$
Rates and taxes	\$	\$	\$

Court orders		\$	\$	\$	
Credit card/s		\$	\$	\$	
Other debts (provide details)		\$	\$	\$	
TOTAL		\$	\$	\$	
TOTAL INCOME		\$	TOTAL EXPENDITURE	\$	
ASSETS				VALUE	
House or other property (provide addresses)				\$	
Motor Vehicles (car, utility, motorcycle, truck etc.)	1	Year: Make: Model: Registration Number:		\$	
	2	Year: Make: Model: Registration Number:		\$	
Other assets (provide details)				\$	
TOTAL ASSET VALUE				\$	
HOME CONTENTS (please complete appropriate box where applicable)					
Television	DVD Player	Computers	Other electronic devices	Dishwasher	Microwave
\$	\$	\$	\$	\$	\$
Furniture	Collection of coins, stamps etc.	Other collectables	Other assets	Interests in business or company	
\$	\$	\$	\$	\$	
LIABILITIES				TOTAL	
Mortgage to:				\$	
Other to:				\$	
Time to pay Order:				\$	

TOTAL LIABILITIES		\$
FINANCIAL DETAIL: APPLICANT WHO IS NOT AN INDIVIDUAL		
If the reasons for application include hardship, the following sections of the form must be provided by the applicant if the applicant is an entity.		
Income		\$
Assets		\$
Liabilities		\$
TOTAL		\$