

**WESTERN AUSTRALIA**

REG. 9A OF THE CHILDREN'S COURT (FEES) REGULATIONS 2005

**Application to Change Fee  
Financial Hardship**

Approved Form 1B

**CHILDREN'S COURT****LOCATION:****Court Ref Number:**

This form is used to apply for a change to a fee payable in the Children's Court. You can apply to have a fee reduced, postpone the payment of a fee, or have a fee you have already paid fully or partially refunded.

<b>Applicant Details:</b>	<b>Full Name:</b>	
	Please indicate your relationship to the matter: <input type="checkbox"/> Applicant <input type="checkbox"/> Respondent <input type="checkbox"/> Other	
	Please indicate your party type: <input type="checkbox"/> Individual <input type="checkbox"/> Person other than an Individual	
	<b>Address:</b>	

**I am applying for the fee to be:**

Reduced       Refunded       Postponed until \_\_\_\_\_ (DD/MM/YYYY)

Full Fee Amount: \$ \_\_\_\_\_

**Fee type for which request is made:**

Application fee       Hearing fee       Transcription fee       Other (please describe below)

**Details of your circumstances**

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

Dependents:       Partner       Children      Number of Children \_\_\_\_\_

Supporting reasons (attach a separate page if required)

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**CHILDREN'S COURT****LOCATION:****Court Ref Number:****Income Details**

Type of Income	Self (per fortnight)	Partner (per fortnight)
Wage/salary (after tax)	\$	\$
Government pension, benefit or allowance (provide details)	\$	\$
Income from investments	\$	\$
Other income	\$	\$
<b>Total Income</b>	<b>\$</b>	<b>\$</b>

**Details of living expenses**

My living expenses (including living expenses of my dependents that are normally paid by me), calculated fortnightly, are as follows:

Types of household expenses	Amount per fortnight
Rent	\$
Mortgage repayments	\$
Other loan/credit card payments	\$
Maintenance for dependents	\$
Food	\$
Utilities (gas/electricity/water/rates)	\$
Telephone and internet	\$
Healthcare	\$
Insurance (home and contents)	\$
Insurance (motor vehicle)	\$
Insurance (health)	\$
Superannuation	\$
Other	\$
<b>Total expenses</b>	<b>\$</b>

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**CHILDREN'S COURT****LOCATION:****Court Ref Number:****Details of assets**

<b>Types of asset</b>	<b>Value</b>
Bank accounts	\$
Houses or other properties	\$
Motor vehicles	\$
Home contents	\$
Other (please specify)	\$
<b>Total assets</b>	<b>\$</b>

**Details of debts**

<b>Types of debt</b>	<b>Amount</b>
Amount owing on mortgage	\$
Amount owing on other loans	\$
Amount owing on credit card	\$
Other (please specify)	\$
<b>Total debts</b>	<b>\$</b>

**Declaration**

I declare that the information I have provided is true and correct. I understand it is an offence to provide false or misleading information to the Children's Court.

**Office Use Only**

Outcome \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_