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| **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. |