

Financial Statement

Family Law Rules ~ RULE 13.05
 Federal Circuit Court Rules ~ RULE 24.02

Please type or print clearly and mark [X] all boxes that apply. Attach extra pages if you need more space to answer any question/s.

Filed in:

- Family Court of Australia
- Family Court of Western Australia
- Federal Circuit Court of Australia
- Other (specify) _____

Filed on behalf of:

Full name: _____

Client ID _____

File number _____

Filed at

Filed on

Court location

Next Court date (if known) _____

This form is to be used by a party to a financial case, such as property settlement, maintenance, child support or financial enforcement.

Part A About you

1

What is your family name as used now?

Given names?

	State	Postcode

Please tick as applicable – only one box should be selected

AFFIDAVIT – for Proceedings in the:

Family Court I swear* / affirm* that:

- (a) I have read Rule 13.04 and I am aware that by law I have an obligation to make a full and frank disclosure of my financial circumstances to the Court and each other party. In particular, I have disclosed in this document or in an affidavit filed by me or on my behalf under Rule 13.05(2), all matters I am required to disclose under Rule 13.04.
- (b) The information in the financial statement and any attachments to it which are within my personal knowledge are true. Where I have given an estimate in this financial statement, it is based on my knowledge and is given in good faith. All other information given in this financial statement and any attachments is true to the best of my knowledge, information and belief.
- (c) I have no income, property or financial resources other than as set out in this document or any affidavit filed by me under Rule 13.05(2).

Federal Circuit Court I swear* / affirm* that:

- (a) I have read Rule 24.03 and I am aware that by law I have an obligation to make a full and frank disclosure of my financial circumstances to the Court and each other party. In particular, I have disclosed in this document all matters I am required to disclose under Rule 24.03.
- (b) The information in the financial statement and any attachments to it which are within my personal knowledge are true. Where I have given an estimate in this financial statement, it is based on my knowledge and is given in good faith. All other information given in this financial statement and any attachments is true to the best of my knowledge, information and belief.
- (c) I have no income, property or financial resources other than as set out in this document.

Your signature	Place / / Date
Before me (signature of witness)	Full name of witness (please print)

- Justice of the Peace
- Notary public
- Lawyer
- Authorised Staff Member of the Court

* delete whichever is inapplicable

This financial statement was prepared by:
 the applicant the respondent lawyer

PRINT NAME AND LAWYER'S CODE

Part B Financial summary

IMPORTANT: As you complete the rest of this form you will be asked to transfer the totals for Items D, G, I-L to this summary

- | | | | | |
|---|---|---|----|-------|
| 2 | A | Your total average weekly income. (THIS IS THE FIGURE AT ITEM 16) | \$ | |
| | B | Your total personal expenditure. (THIS IS THE FIGURE AT ITEM 33) | \$ | |
| | C | Total value of property owned by you. (THIS IS THE FIGURE AT ITEM 44) | \$ | |
| | D | Total gross value of your superannuation. (THIS IS THE FIGURE AT ITEM 45) | \$ | |
| | E | Total of your liabilities. (THIS IS THE FIGURE AT ITEM 55) | \$ | |
| | F | Total of your financial resources. (THIS IS THE FIGURE AT ITEM 58) | \$ | |

Part C Your employment details

3 What is your current occupation?

4 Are you employed?

No. Go to Part D

Yes. Give details

full time

permanently

on contract

part time

casually

5 What is the name of your employer?

6 What is the address of your employer?

.....		
STATE	POSTCODE	PHONE

7 How long have you been employed at this place?

YEARS

MONTHS

DAYS

8 Are you self-employed?

No

Yes

STATE THE NAME OF THE BUSINESS / COMPANY / PARTNERSHIP / TRUST

Part D Your income

NOTE: GIVE WEEKLY AMOUNTS IN WHOLE DOLLARS. IF THE AMOUNT FOR AN ITEM IS NIL, WRITE 'NIL'. IF YOU CAN ONLY GIVE AN ESTIMATE INSERT THE LETTER 'E' BEFORE THE AMOUNT STATED

AVERAGE WEEKLY AMOUNT

9	Total salary or wages before tax		\$	
10	Investment income (before tax)	INCOME TYPE (eg. rent, interest, dividend)		\$
		PAID BY (bank, mortgagor, company, tenant)		
		INCOME TYPE (eg. rent, interest, dividend)		\$
		PAID BY (bank, mortgagor, company, tenant)		
11	Income from business/ partnership/ company/ trust	NAME OF BUSINESS/ PARTNERSHIP/ COMPANY/ TRUST		\$
		TYPE OF BUSINESS		
		ADDRESS OF BUSINESS/ PARTNERSHIP/ COMPANY/ TRUST		
		State Postcode		
12	Government benefits	TYPE OF BENEFIT		\$
		TYPE OF BENEFIT		\$
13	Maintenance/ child support	PAID BY		
		FOR THE BENEFIT OF	\$ REQUIRED TO BE PAID	ACTUALLY RECEIVED
			\$	\$
		PAID BY		
		FOR THE BENEFIT OF	\$ REQUIRED TO BE PAID	ACTUALLY RECEIVED
			\$	\$
14	Benefits from employment/ business	TYPE OF BENEFIT		\$
		TYPE OF BENEFIT		\$
15	Other income	PAID BY		\$
		TYPE OF BENEFIT		
16	WRITE THE ITEM 16 TOTAL AT ITEM 2A ON PAGE 2 OF THIS FORM	TOTAL AVERAGE WEEKLY INCOME		\$

Part E Other income earners in your household

17 Give the name, age and relationship to you and gross income of each other occupant of your household

	AGE	RELATIONSHIP TO YOU	AVERAGE WEEKLY AMOUNT
NAME			\$
NAME			\$
NAME			\$

Part F Expenses paid by others for your benefit

18 PAID BY	TYPE OF EXPENSE	\$
PAID BY	TYPE OF EXPENSE	\$
PAID BY	TYPE OF EXPENSE	\$

Part G Personal expenditure

NOTE: GIVE WEEKLY AMOUNTS IN WHOLE DOLLARS. IF THE AMOUNT FOR AN ITEM IS NIL, WRITE 'NIL'. IF YOU CAN ONLY GIVE AN ESTIMATE INSERT THE LETTER 'E' BEFORE THE AMOUNT STATED

		AVERAGE WEEKLY AMOUNT
19	Total income tax	\$
20	Superannuation <input type="text" value="PLAN NAME"/>	\$
21	Mortgage payments/ rent <input type="text" value="NAME OF LENDER/LANDLORD"/>	\$
22	Rates, unit levies	\$
23	Other mortgage payment <input type="text" value="NAME OF LENDER"/> <input type="text" value="ADDRESS OF PROPERTY"/>	\$
24	Other rates, unit levies	\$
25	Life insurance premiums <input type="text" value="TYPE OF POLICY"/> <input type="text" value="POLICY NO."/> <input type="text" value="NAME OF INSURER"/>	\$
	<input type="text" value="TYPE OF POLICY"/> <input type="text" value="POLICY NO."/> <input type="text" value="NAME OF INSURER"/>	\$

PERSONAL EXPENDITURE - CONTINUED

AVERAGE WEEKLY AMOUNT

26 Other insurance premiums	TYPE OF POLICY		\$
	POLICY NO:		
	NAME OF INSURER		
	TYPE OF POLICY		\$
	POLICY NO:		
	NAME OF INSURER		
	TYPE OF POLICY		\$
	POLICY NO:		
	NAME OF INSURER		

27 Motor vehicle registration	REG. NO:	VEHICLE MAKE	\$
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28 Hire purchase/ lease agreements	DESCRIBE THE PROPERTY		\$
	NAME OF COMPANY/ PERSON		

29 Loan repayments	NAME OF LENDER		\$
	TYPE OF LOAN		

30 Credit card payments	CARD TYPE	Minimum Payment \$	\$
	NAME OF COMPANY		

	CARD TYPE	Minimum Payment \$	\$
	NAME OF COMPANY		

31 Maintenance payments/ child support	PAID FOR THE BENEFIT OF		ACTUAL PAYMENT \$	
	<input type="checkbox"/> assessment			AMOUNT OF ASSESSMENT, AGREEMENT OR ORDER \$
	<input type="checkbox"/> agreement			
<input type="checkbox"/> order				

32 Total of all other expenditure		\$
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33	TOTAL PERSONAL EXPENDITURE WRITE THIS ITEM 33 TOTAL AT ITEM 2B ON PAGE 2 OF THIS FORM	\$
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Part H

Personal expenses you pay for the benefit of others

- 34 State which of the expenses in Part G are paid by you for other persons

NAME OF PERSON

GIVE DETAILS

\$

NAME OF PERSON

GIVE DETAILS

\$

Part I

Property owned by you

CURRENT VALUE OF YOUR SHARE

- 35 Home

FULL NAME OF THE REGISTERED OWNERS

PROPERTY ADDRESS

YOUR % SHARE

\$

- 36 Other real estate

PROPERTY ADDRESS

REGISTERED OWNERS:

YOUR % SHARE

\$

PROPERTY ADDRESS

REGISTERED OWNERS:

YOUR % SHARE

\$

- 37 Funds in banks, building societies, credit unions or other financial institutions

NAME AND BRANCH BSB

ACCOUNT HOLDER & NUMBER

CURRENT BALANCE \$

NAME AND BRANCH BSB

ACCOUNT HOLDER & NUMBER

CURRENT BALANCE \$

\$

\$

- 38 Investments

NAME AND TYPE OF INVESTMENT

FULL NAMES OF ALL OWNERS

NUMBER OF SHARES HELD YOUR % SHARE

\$

PROPERTY OWNED BY YOU - CONTINUED

CURRENT VALUE OF YOUR SHARE

NAME AND TYPE OF INVESTMENT		\$
FULL NAMES OF ALL OWNERS		
NUMBER OF SHARES HELD	YOUR % SHARE	

39 Life Insurance policies

POLICY TYPE	POLICY NO.	\$
NAME OF INSURANCE COMPANY		
FULL NAMES OF ALL OWNERS	YOUR % SHARE	

40 Motor vehicle

YEAR	MAKE	\$
MODEL	REGISTRATION NO.	
FULL NAME OF REGISTERED OWNER/S	YOUR % SHARE	

YEAR	MAKE	\$
MODEL	REGISTRATION NO.	
FULL NAME OF REGISTERED OWNER/S	YOUR % SHARE	

41 Interest in a business including a business operated by you as a sole trader, in a partnership or through a proprietary company or a trust

NAME OF BUSINESS	\$
ADDRESS OF BUSINESS	
YOUR % SHARE	

Business type (Mark [X] which applies)

- Sole trader
 Partnership
 Proprietary company / trust

42 Household contents

\$

43 Other personal property

SPECIFY	\$
YOUR % SHARE	

44

**TOTAL VALUE OF PROPERTY OWNED BY YOU
WRITE THIS ITEM 44 TOTAL AT ITEM 2C ON PAGE 2 OF THIS FORM**

\$

Part J

Superannuation

You must attach a completed Superannuation Information Form for each superannuation interest if you are seeking an order for property settlement.

45 Interest in superannuation

GROSS VALUE

NAME OF SUPERANNUATION PLAN 1

\$

TYPE OF INTEREST

- | | |
|---|---|
| <input type="checkbox"/> Accumulation interest | <input type="checkbox"/> Retirement saving account |
| <input type="checkbox"/> Partially vested accumulation interest | <input type="checkbox"/> Small superannuation account |
| <input type="checkbox"/> Defined benefit interest | <input type="checkbox"/> Percentage only interest |
| <input type="checkbox"/> Self managed fund | <input type="checkbox"/> Approved deposit fund |
| <input type="checkbox"/> Eligible annuity | |

NAME OF SUPERANNUATION PLAN 2

\$

TYPE OF INTEREST

- | | |
|---|---|
| <input type="checkbox"/> Accumulation interest | <input type="checkbox"/> Retirement saving account |
| <input type="checkbox"/> Partially vested accumulation interest | <input type="checkbox"/> Small superannuation account |
| <input type="checkbox"/> Defined benefit interest | <input type="checkbox"/> Percentage only interest |
| <input type="checkbox"/> Self managed fund | <input type="checkbox"/> Approved deposit fund |
| <input type="checkbox"/> Eligible annuity | |

NAME OF SUPERANNUATION PLAN 3

\$

TYPE OF INTEREST

- | | |
|---|---|
| <input type="checkbox"/> Accumulation interest | <input type="checkbox"/> Retirement saving account |
| <input type="checkbox"/> Partially vested accumulation interest | <input type="checkbox"/> Small superannuation account |
| <input type="checkbox"/> Defined benefit interest | <input type="checkbox"/> Percentage only interest |
| <input type="checkbox"/> Self managed fund | <input type="checkbox"/> Approved deposit fund |
| <input type="checkbox"/> Eligible annuity | |

**TOTAL GROSS VALUE OF YOUR SUPERANNUATION
WRITE THIS ITEM 45 TOTAL AT ITEM 2D ON PAGE 2 OF THIS FORM**

\$

Part K Your liabilities

46 Home mortgage/s **AMOUNT OF YOUR SHARE**

	FULL NAMES OF ALL BORROWERS	\$
	YOUR % SHARE	

47 Other mortgages **AMOUNT OF YOUR SHARE**

	FULL NAMES OF ALL BORROWERS	\$
	YOUR % SHARE	

48 Total income tax assessed and unpaid for the last financial year Date due: **AMOUNT OF YOUR SHARE**

/ /		\$
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49 Total income tax assessed and unpaid in previous financial years **AMOUNT OF YOUR SHARE**

		\$
--	--	----

50 Loans **AMOUNT OF YOUR SHARE**

	NAME OF LENDER	\$
	TYPE OF LOAN <input type="checkbox"/> Overdraft <input type="checkbox"/> other (specify) _____ <input type="checkbox"/> personal loan	
	FULL NAMES OF ALL BORROWERS	
	YOUR % SHARE	

51 Credit/charge cards **AMOUNT OF YOUR SHARE**

	SPECIFY CARD PROVIDER AND TYPE	\$
	SPECIFY CARD PROVIDER AND TYPE	\$

52 Hire purchase/lease **AMOUNT OF YOUR SHARE**

	NAME OF LENDER	\$
	Date of final payment / /	
	FULL NAMES OF ALL PERSONS NAMED IN THE AGREEMENT	
	YOUR % SHARE	

AMOUNT OF YOUR SHARE

	NAME OF LENDER	\$
	Date of final payment / /	
	FULL NAMES OF ALL PERSONS NAMED IN THE AGREEMENT	
	YOUR % SHARE	

YOUR LIABILITIES - CONTINUED

53	Other personal liabilities	AMOUNT OF YOUR SHARE	
		SPECIFY	\$
		FULL NAME OF ANY OTHER LIABLE PERSON	
		YOUR % SHARE	

54	Other personal business liabilities	AMOUNT OF YOUR SHARE	
		SPECIFY	\$
		FULL NAME OF ANY OTHER LIABLE PERSON	
		YOUR % SHARE	

55	TOTAL LIABILITIES	\$
WRITE THIS ITEM 55 TOTAL AT ITEM 2E ON PAGE 2 OF THIS FORM		

Part L Financial resources

56	Interest in any trust or deceased estate	AMOUNT OF YOUR SHARE	
		SPECIFY	\$

57	Other financial resources	AMOUNT OF YOUR SHARE	
		SPECIFY	\$

58	TOTAL FINANCIAL RESOURCES	\$
WRITE THIS ITEM 58 TOTAL AT ITEM 2F ON PAGE 2 OF THIS FORM		

Part M About disposal of property

	Item	How disposed of	Value/ amount received
59	Please tick as applicable –only one box should be selected		
	<input type="checkbox"/> Family Law Rule		
	Specify property falling within Rule 13.04(1)(g) disposed of by you or on your behalf in the 12 months before separation and since your separation		
	<input type="checkbox"/> Federal Circuit Court Rule		
Rule 24.03 (1)(e) Specify any gift or property disposed of by you or on your behalf since your separation			

Part N

Orders for maintenance, child support, financial enforcement

Complete and attach this page only if the application is for orders for maintenance for yourself, the other party or your children or child support or financial enforcement

60

Average weekly expenses

NOTE: GIVE WEEKLY AMOUNTS IN WHOLE DOLLARS. IF THE AMOUNT FOR AN ITEM IS NIL, WRITE 'NIL'. IF YOU CAN ONLY GIVE AN ESTIMATE INSERT THE LETTER 'E' BEFORE THE AMOUNT STATED

ITEM	TOTAL	FOR YOU	FOR CHILDREN (IF APPLICABLE)	OTHER ADULTS (IF APPLICABLE)
Food	\$	\$	\$	\$
Household supplies	\$	\$	\$	\$
House repairs	\$	\$	\$	\$
Gas	\$	\$	\$	\$
Electricity	\$	\$	\$	\$
Heating fuel	\$	\$	\$	\$
Telephone	\$	\$	\$	\$
Motor vehicle				
petrol	\$	\$	\$	\$
maintenance	\$	\$	\$	\$
Fares/ car parking	\$	\$	\$	\$
Clothing and shoes	\$	\$	\$	\$
Children's activities	\$	\$	\$	\$
Child minding	\$	\$	\$	\$
Medical, dental and optical (not including health insurance premiums)	\$	\$	\$	\$
Entertainment/ hobbies	\$	\$	\$	\$
Holidays	\$	\$	\$	\$
Education expenses, including fees and levies	\$	\$	\$	\$
Chemist/ pharmaceutical	\$	\$	\$	\$
Gardening/ lawn mowing	\$	\$	\$	\$
Cleaning (house/ pool)	\$	\$	\$	\$
Repairs – furnishings and appliances	\$	\$	\$	\$
Dry cleaning	\$	\$	\$	\$
Books and magazines	\$	\$	\$	\$
Gifts	\$	\$	\$	\$
Hairdressing, toiletries	\$	\$	\$	\$
Other necessary commitments (specify)	\$	\$	\$	\$
TOTAL	\$	\$	\$	\$

Part O

Additional information

You should set out here or on an additional page any item that you may not be able to include in any section of the document. Please include the Part and paragraph number that it continues from.

This application was prepared by

applicant/s

lawyer

respondent/s

PRINT NAME AND LAWYER'S CODE