



AFFIDAVIT OF FINANCIAL CIRCUMSTANCES - INDIVIDUAL

IRC Reference Number(s) &
Case Details:

I,
(full name)

Of
(Address)

(Postcode)

Phone Number ()

Date of Birth

Licence Number:

Expires On:

Make oath and say/affirm, I am the defendant named in the above matter(s)

My occupation is

Employer's Address:

Employer's ABN:

Employer's Phone No: ()

If self employed, trading name:

ABN:

Self employed persons must provide an operating statement for the last full quarter showing business income and expenditure including wages or salary

I support my self and Dependants

My spouse's full name is:

The facts and figures set out below and any annexure, including estimates given in this Affidavit, are complete, true and correct to the best of my knowledge, information and belief. I have no other assets or income or any interest in superannuation funds or estates, other than set out in my statement.

INCOME (Fortnightly)

Expenditure (Fortnightly)

Net Wage/Salary¹
Social Security²
Family Allowance
Income of Spouse
Other Income

\$
\$
\$
\$
\$

Mortgage Repayments
Rent or Board
Rates (Council & Water)
Electricity/Gas
Telephone
Food
Fares/Petrol
Motor Vehicle Expenses
Insurance
Superannuation
Health Fund Contributions
School Expenses
Loan/Credit Card repayments
Other Expenses

\$
\$
\$
\$
\$
\$
\$
\$
\$
\$
\$
\$
\$
\$
\$
\$

TOTAL INCOME

\$

TOTAL EXPENDITURE

See overleaf

¹ Please provide a copy of pay slip

² Please provide a copy of your CentreLink Statement of Benefits

ASSETS (MARKET VALUE)

House and Land \$
 Other Real Estate³
 Motor Vehicle \$
 Make
 Model
 2nd Motor Vehicle \$
 Make
 Model
 House Hold Furniture \$
 Electrical Goods \$
 Shares or Investments \$
 Boat \$
 Caravan \$
 Other Assets
 Please Specify \$
TOTAL ASSETS \$
 Address of Other Real Estate

LIABILITIES (AMOUNTS OWED)

Owed To	Balance	Fortnightly
Mortgage	\$	\$
Car Loan	\$	\$
Personal Loan	\$	\$
Credit Card	\$	\$
2 nd Credit Card	\$	\$
3 rd Credit Card	\$	\$
HECS Debt	\$	\$
Other	\$	\$
TOTAL LIABILITIES	\$	

BANK, BUILDING SOCIETY OR CREDIT UNION ACCOUNT DETAILS⁴

Institution	Branch	BSB	Account No	Account Type	Balance
					\$

Any Additional Information:

Affidavit Sworn/Affirmed at:

In the State/Territory of

This

Day of

20

Applicant's Signature

Before Me

X
Justice of the Peace**APPLICATION FOR TIME TO PAY – FINES ACT 1996**

* I propose a lump sum of \$ And then \$ *Per Week/Fortnight/Month

or

* I propose regular payments of \$ *Per Week/Fortnight/Month

* Delete the option which is not applicable

Method of payment: Instalment payments may be made in person or by post to the Industrial Relations Commission of NSW. You will be advised if your application is approved.

IMPORTANT: Have you signed the form? Have you supplied the IRC reference number(s)? Have you supplied your full name, address and a contact number? Have you proposed an amount to pay?

- ❖ If this form is unsigned it will not be assessed and will be returned to you; enforcement action may proceed in accordance with the Fines Act, 1996.
- ❖ You are responsible for ensuring that this application is received by Industrial Relations Commission.

Return this completed form with copies of any annexure to:
**INDUSTRIAL REGISTRAR, INDUSTRIAL RELATIONS COMMISSION OF NSW, GPO BOX 3670,
 SYDNEY NSW 1044 (Street Address: 47 Bridge Street, Sydney)
 PHONE (02) 9258 0866 FAX (02) 9258 0722**

³ Address of other real estate - attach a list if necessary

⁴ A separate list may be attached if space insufficient to list all accounts