



**HIGH COURT OF AUSTRALIA
(FEES REGULATIONS) 2004
APPLICATION FOR WAIVER/PARTIAL WAIVER OF
FILING FEES & HEARING FEES**

FILE NO:

CASE NAME:

.....

Application is made by the **APPLICANT:**
(name)

for a waiver/partial waiver of the filing fee and/or hearing fees in this matter on the following ground:

(Tick appropriate box)

1. The applicant has been granted legal aid for the High Court proceedings (**attach a letter of confirmation**):
Sub-regulation 9(1)(a)

2. The applicant is:
 - (a) The holder of one of the following cards issued by Centrelink (**attach a photocopy of both sides of the card**)
 - (i) A health care card;
 - (ii) A pensioner concession card;
 - (iii) A seniors health card;
 - (iv) A Commonwealth seniors health care card; or

 - (b) The holder of any other card issued by Centrelink or the Department of Veterans' Affairs that certifies entitlements to Commonwealth health concessions (**attach a photocopy of both sides of card**):
Sub-regulation 9(1)(b)(i).

(Note "holder" of a concession card does not include a dependant of the holder of the card.)

- 3. The applicant is an inmate of a prison or is otherwise lawfully held in a public institution (**attach a letter of confirmation**):
Sub-regulation 9(1)(b)(ii)
- 4. The applicant is a child under the age of 18 (**attach photocopy of birth certificate, extract or other proof of age**):
Sub-regulation 9(1)(b)(iii)
- 5. The applicant is in receipt of youth allowance, or an austudy payment, within the meaning of the *Social Security Act 1991* (**attach evidence of receipt of youth allowance or austudy payment**):
Sub-regulation 9(1)(b)(iv)
- 6. The applicant is in receipt of benefits under the Commonwealth student assistance scheme known as the ABSTUDY Scheme (**attach evidence of receipt of ABSTUDY payment**):
Sub-regulation 9(1)(b)(v)
- 7. The applicant seeks a waiver of two thirds of the prescribed fee by the Registrar as payment of the fee would cause the applicant financial hardship (**attach completed statement of affairs**):
Sub-regulation 10

Signature of the applicant
or legal representative:

Date:



Application granted:
Amount waived: \$.....
Amount to be paid: \$

Application refused:
Reasons for refusal attached:

Signed: Date:
(Registrar)