



# NP7 - Application for reduction of payment of divorce or decree of nullity – general

Family Law (Fees) Regulation 2012. Section 2.06

## Give Details

File number	
File name	
Date filed	

## Notice to applicant

Use this form if:

- you are the primary cardholder of a Health Care Card, Health Benefit Card, Pensioner Concession Card, Commonwealth Seniors Health Card or any other card issued by Centrelink or the Department of Veterans' Affairs that entitles you to Commonwealth health concessions (does not include a dependant of the primary cardholder),
- you are receiving Legal Aid, Youth allowance or Austudy payment or Abstudy,
- you are a child under 18, or
- you are an inmate of a prison or otherwise legally detained in a public institution.

**When returning your completed application form to the registry you will need to attach photocopies of documentary evidence of any of the above (such as your Health Care Card or Legal Aid letter) to support your claim. Photocopy both sides of the card or other document.**

If you do not qualify for any of the above, you may be able to apply for a fee to be reduced on the basis of financial hardship. Ask registry staff for the appropriate form and guidelines.

If your application for reduction is unsuccessful, you will be required to pay the full filing fee before your form will be accepted.

**Warning:** Under the Criminal Code any person who knowingly makes an untrue representation or statement to obtain a benefit or advantage from the State is guilty of an offence and, if found guilty, can be fined or imprisoned.

**Note:** Where there is more than one applicant to an application, all applicants must meet the requirements for an exemption/reduction or the full fee applies.

GST does not apply to court fees.

Details		Cross boxes where applicable	
Name and address	family name (surname)	given names	
		postcode	telephone
Court that divorce was filed in		<input type="checkbox"/> Family Court of Western Australia	
Is this an application for a decree of nullity		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Reason for seeking reduction	I currently receive the following means-tested pension or other benefit:		
	<input type="checkbox"/> Health Care Card	<b>Or</b>	
	<input type="checkbox"/> Pensioner Concession Card	<input type="checkbox"/> I am in receipt of Legal Aid	
	<input type="checkbox"/> Commonwealth Seniors Health Card	<input type="checkbox"/> I am a child under 18 years	
	<input type="checkbox"/> Any other card issued by the Centrelink or the Department of Veterans' Affairs that certifies entitlement to Commonwealth health concessions	<input type="checkbox"/> I am an inmate of a prison or otherwise lawfully detained in a public institution	
	<input type="checkbox"/> Youth allowance or Austudy payment		
	<input type="checkbox"/> Abstudy benefits		
<b>Signature</b>			
<input type="checkbox"/> Person in 1 <b>or</b> <input type="checkbox"/> lawyer who prepared this application for person in 1 ( <i>print lawyers name</i> )			
Name of lawyer who prepared this application for person in 1			
<b>COURT USE ONLY</b>			
<input type="checkbox"/> Copy of relevant documents attached		<input type="checkbox"/> Reduction granted <input type="checkbox"/> Reduction refused	
Signature of officer	Name of officer		Date ____ / ____ / ____