

Financial Statement

FORM 13 Family Law Rules ~ RULE 13.05

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

Filed in:

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

Filed on behalf of:

Full name _____

MARK [X] IN THE BOX THAT APPLIES TO YOU

- Husband/father
 Wife/mother
 Other (specify) _____

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

Client ID _____

File number _____

Filed at _____

Filed on _____

Court Location _____

Next Court date (if known) _____

Part A About you

1 What is your family name as used now? Given names?

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What is your residential address?

State	Postcode

Affidavit

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).

Your signature	Place _____ Date / /
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Before me (signature of witness)	Full name of witness (please print)
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- Justice of the Peace
 Notary public
 Lawyer

This financial statement was prepared by:

- the applicant
 the respondent
 lawyer

* delete whichever is inapplicable

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		\$	
		INCOME TYPE			

16	TOTAL AVERAGE WEEKLY INCOME WRITE THE ITEM 16 TOTAL AT ITEM 2A ON PAGE 2 OF THIS FORM	\$
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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 PLAN NAME	\$
21	Mortgage payments/rent NAME OF LENDER/LANDLORD	\$
22	Rates, unit levies	\$
23	Other mortgage payments NAME OF LENDER ADDRESS OF PROPERTY	\$
24	Other rates, unit levies	\$
25	Life insurance premiums TYPE OF POLICY POLICY NO: NAME OF INSURER	\$
	TYPE OF POLICY POLICY NO: 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	\$

28 Hire purchase/ lease agreements	DESCRIBE THE PROPERTY	\$
	NAME OF COMPANY/PERSON	

29 Loan repayments	NAME OF LENDER	\$
	TYPE OF LOAN	

30 Minimum 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		\$
	<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		

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 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

NAME OF SUPERANNUATION PLAN 1

GROSS VALUE

\$

TYPE OF INTEREST

- | | |
|---|---|
| <input type="checkbox"/> Accumulation interest | <input type="checkbox"/> Retirement savings 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 | |

GROSS VALUE

NAME OF SUPERANNUATION PLAN 2

\$

TYPE OF INTEREST

- | | |
|---|---|
| <input type="checkbox"/> Accumulation interest | <input type="checkbox"/> Retirement savings 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 | |

GROSS VALUE

NAME OF SUPERANNUATION PLAN 3

\$

TYPE OF INTEREST

- | | |
|---|---|
| <input type="checkbox"/> Accumulation interest | <input type="checkbox"/> Retirement savings 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

FULL NAMES OF ALL BORROWERS
YOUR % SHARE

AMOUNT OF YOUR SHARE

\$

47 Other mortgages

FULL NAMES OF ALL BORROWERS
YOUR % SHARE

AMOUNT OF YOUR SHARE

\$

48 Total income tax assessed and unpaid for the last financial year
Date due: / /

\$

49 Total income tax assessed and unpaid in previous financial years

\$

50 Loans

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

AMOUNT OF YOUR SHARE

\$

51 Credit/charge cards

SPECIFY CARD PROVIDER AND TYPE
SPECIFY CARD PROVIDER AND TYPE

\$

\$

52 Hire purchase/lease

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

AMOUNT OF YOUR SHARE

\$

YOUR LIABILITIES CONTINUED

AMOUNT OF YOUR SHARE

53 Other personal liabilities

SPECIFY	\$
FULL NAME OF ANY OTHER LIABLE PERSON	
YOUR % SHARE	

AMOUNT OF YOUR SHARE

54 Other personal business liabilities

SPECIFY	\$
FULL NAME OF ANY OTHER LIABLE PERSON	
YOUR % SHARE	

TOTAL LIABILITIES

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

	\$
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Part L Financial resources

56 Interest in any trust or deceased estate

SPECIFY	\$
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57 Other financial resources

SPECIFY	\$
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TOTAL FINANCIAL RESOURCES

58 WRITE THIS ITEM 58 TOTAL AT ITEM 2F ON PAGE 2 OF THIS FORM

	\$
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Part M About disposal of property

59 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

Item	How disposed of	Value/amount received

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/lawnmowing	\$	\$	\$	\$
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
 respondent/s

lawyer

PRINT NAME AND LAWYER'S CODE