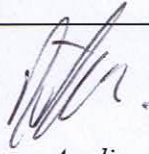


DISTRICT COURT (FEES) REGULATIONS 2002

Form 2 Application to reduce fee			
In the District Court of Western Australia		No. of 2	
Plaintiff/Appellant*: Andrew Laughton. (*strike out word that is not applicable)			
Defendant/Respondent*: Sharyl Marsh and James Marsh (*strike out word that is not applicable)			
Fee type for which request is made			
<input checked="" type="checkbox"/> Application fee	<input checked="" type="checkbox"/> Hearing fee	<input checked="" type="checkbox"/> Transcription fee	<input checked="" type="checkbox"/> Other (please describe below)
Concession Card Holder <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Pension Concession Card No: Health Care Card No:	CRN 320 419 335H
Grant of Legal Aid under a legal aid scheme or service <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		No Legal Aid is available to me.	
Applicant Details:	Full name:		Andrew Laughton
	Please indicate your party type:		
	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Entity		
	Address:	No Fixed Address	
Date of birth:	07 July 1963		
If you are applying for a fee reduction because of financial hardship or in the interests of justice, please give supporting reasons for your request (attach a separate page if required). <u>If the reasons include financial hardship you must complete the information on the following pages.</u>			
I am applying for a fee reduction because of financial hardship. At this point in time I simply cannot afford the \$1,000 fee for the hearing transcript, so my appeal for BUN/GCLM/316/2015 is based on memory and notes. In the interest of Justice I would like a cheaper transcript and cheaper application fees			
I certify that the above information and disclosures in this form are true and correct.			

 Applicant's Signature		4/1/2017 Dated:	
*Note: A person who makes a statement or representation in this application that the person knows or has reason to believe is false or misleading in a material particular commits an offence under District Court (Fees) Regulations 2002 regulation 8B(1).			
COURT SEAL			
FINANCIAL DETAILS: APPLICANT WHO IS AN INDIVIDUAL			
If the reasons for application include financial hardship, the following sections of the form must be provided by the applicant if the applicant is an individual.			
Occupation:	Electrician		
Employer:	Unemployed		
Employer's Address:			
Marital Status:	<input checked="" type="checkbox"/> single	<input type="checkbox"/> married	<input type="checkbox"/> partner
	<input type="checkbox"/> de facto	<input type="checkbox"/> separated	
Dependants:	<input type="checkbox"/> dependant wife/husband/partner/de facto		
	0 (number of) dependant children		
INCOME AND FINANCIAL ASSET DETAILS			
Income / financial assets (net)	Self	Partner	Total
Wage / salary / benefit	\$ 0	\$	\$ 0
Money in financial institution	\$ < \$3,000	\$	\$ < \$3,000
Cash	\$ < \$300	\$	\$ < \$300
Income from investments. House	\$ 300 week	\$	\$ 300 week
Other income Centerlink	\$ 268.75 week	\$	\$ 268.75 week
Money loaned and to be repaid	\$ 292,000	\$	\$ 292,000
Total	\$ 568.75 week	\$	\$ 568.75 week
EXPENDITURE DETAILS			
Rent / board	\$ 150 week	\$	\$ 150 week
Mortgage payment	\$ 392 week	\$	\$ 392 week
Maintenance for dependants	\$ 0	\$	\$ 0
Food	\$ 100 week	\$	\$ 100 week
Utilities (gas / electricity)	\$ 0	\$	\$ 0

Telephone		\$ 10.4 week	\$	\$ 10.4 week	
Water	House	\$ 904.8 year	\$	\$ 1,329 year	
	Land	\$ 424.2 year		\$ 25.56 week	
Rates and taxes	House	\$ 1,803.8 year	\$	\$ 4,029.30 year	
	Land	\$ 2,225.50 year		\$ 77.50 week	
Court orders		\$ 0	\$	\$ 0	
Credit card/s		\$ 0	\$	\$ 0	
Other debts (provide details)		\$ 10,000	\$	\$ 10,000	
Money lent by friends and family.					
TOTAL		\$ 755.46	\$	\$ 755.46	
TOTAL INCOME		\$ 568.75 week	TOTAL EXPENDITURE	\$ 755.46 week	
ASSETS				VALUE	
House or other property (provide addresses)					
11b Keble Heights, College Grove				\$ 360,000	
Land at 98 Proper bay road				\$ 240,000	
Motor Vehicles (car, utility, motorcycle, truck etc.)	1	Year: 2003			
		Make: Ford			
		Model: Transit			
		Registration Number: BY 98617		\$ 6,000	
	2	Year:			
		Make:			
		Model:			
		Registration Number:		\$	
Other assets (provide details)					
Computer & Printer				\$ 1,500	
Hand & power tools, test equipment				\$ 8,000	
TOTAL ASSET VALUE				\$ 615.500	
HOME CONTENTS (please complete appropriate box where applicable)					
My house was rented out partly furnished as I could not carry it to my new home in Port Lincoln. My Port Lincoln block is for sale, and I may not be able to recover assets on this block.					
Television	DVD Player	Computers	Other electronic devices	Dishwasher	Microwave
\$	\$	\$ 1,500	\$ 1,000	\$	\$

Furniture \$	Collection of coins, stamps etc. \$	Other collectables \$	Other assets \$	Interests in business or company \$
LIABILITIES				TOTAL
Mortgage to:	NAB			\$ 292,000
Other to:	FREINDS & FAMILY			\$ 10,000
Time to pay Order:				\$ 0
TOTAL LIABILITIES				\$ 302,000
FINANCIAL DETAIL: APPLICANT WHO IS NOT AN INDIVIDUAL				
If the reasons for application include hardship, the following sections of the form must be provided by the applicant if the applicant is an entity.				
Income				\$
Assets				\$
Liabilities				\$
TOTAL				\$

Expires
03 OCT
2017


Western Australia
ANDREW LAUGHTON
14 AGONIS GDNS
YAKAMIA WA 6330

CRN 320 419 335H

CARD START: 11 APR 2016 NS

Australian Government
Department of Human Services

**Health
Care Card**

Signature of cardholder


This card is NOT transferrable
humanservices.gov.au/healthcarecard
Issued by the Australian Government Department of Human Services
on behalf of the Department of Social Services