

Financial Statement

Federal Circuit and Family Court of Australia (Family Law) Rules 2021 - RULE 6.06(5)

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:

- Federal Circuit and Family Court of Australia
- Family Court of Western Australia
- Other (specify)

Filed on behalf of:

Full name: **First Given Name:** **Family Name As Used Now:**

Client ID _____

File number ADR1256/2022

Filed at

Filed on

Court location Sydney

Next Court date _____

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

PART A About you

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

Family Name As Used Now:	First Given Name:
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[Residential address: - ADDRESS LINE 1][Residential address: - ADDRESS LINE 2][Residential address: - CITY]

State [Residential address: - STATE]	Postcode [Residential address: - POSTCODE]
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AFFIDAVIT – for Proceedings in the:

I affirm that:

- (a) I have read Rule 6.06 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 6.06(6), all matters I am required to disclose under Rule 6.06.
- (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 6.06(6).

Your signature	Place	Date
Before me (signature of witness)	Witness - Full Name: Full name of witness (please print)	

- Justice of the Peace
- Notary public
- Lawyer
- Authorised Staff Member of the Court

This financial statement was prepared by:
 the applicant the respondent lawyer

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)	\$1,140
	B	Your total personal expenditure (THIS IS THE FIGURE AT ITEM 33)	\$2,227
	C	Total value of property owned by you (THIS IS THE FIGURE AT ITEM 44)	\$44,000
	D	Total gross value of your superannuation (THIS IS THE FIGURE AT ITEM 45)	NIL
	E	Total of your liabilities (THIS IS THE FIGURE AT ITEM 55)	\$2,000
	F	Total of your financial resources (THIS IS THE FIGURE AT ITEM 58)	NIL

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?

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			E\$260
10.	Investment income (before tax)	INCOME TYPE Shares		E\$250
		PAID BY Name:		
11.	Income from business/ partnership/ company/trust	NAME OF BUSINESS/PARTNERSHIP/COMPANY/TRUST		NIL
		TYPE OF BUSINESS		
		ADDRESS OF BUSINESS/PARTNERSHIP/COMPANY/TRUST		
12.	Government benefits	TYPE OF BENEFIT Health Care Card		E\$250
13.	Maintenance/ child support	PAID BY Person #1:		
		FOR THE BENEFIT OF	\$ REQUIRED TO BE PAID	ACTUALLY RECEIVED
		First Given Name: Family Name As Used Now:	\$260	E\$300
14.	Benefits from employment	TYPE OF BENEFIT Superannuation		E\$80
15.	Other income	PAID BY		NIL
		TYPE OF BENEFIT		
16.	TOTAL AVERAGE WEEKLY INCOME WRITE THE ITEM 16 TOTAL AT ITEM 2A ON PAGE 2 OF THIS FORM			\$1,140

PART E Other income earners in your household

17. Give the name, age, relationship to you and gross income of each other occupant of your household

NAME	AGE	RELATIONSHIP TO YOU	AVERAGE WEEKLY AMOUNT

PART F Expenses paid by others for your benefit

18.

NAME (PAID BY)	TYPE OF EXPENSE	AVERAGE WEEKLY AMOUNT

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	E\$30						
21.	Mortgage payments/rent	\$NIL						
22.	Rates, unit levies							
23.	Other mortgage payments	NIL						
<table border="1" style="width: 100%;"> <tr> <td style="width: 50%;">NAME OF LENDER</td> <td style="width: 50%;"></td> </tr> <tr> <td>ADDRESS OF PROPERTY</td> <td></td> </tr> </table>		NAME OF LENDER		ADDRESS OF PROPERTY				
NAME OF LENDER								
ADDRESS OF PROPERTY								
24.	Other rates, unit levies	NIL						
25.	Life insurance premiums	NIL						
<table border="1" style="width: 100%;"> <tr> <td>TYPE OF POLICY</td> <td></td> </tr> <tr> <td>POLICY NO.</td> <td></td> </tr> <tr> <td>NAME OF INSURER</td> <td></td> </tr> </table>		TYPE OF POLICY		POLICY NO.		NAME OF INSURER		
TYPE OF POLICY								
POLICY NO.								
NAME OF INSURER								
26.	Other insurance premiums	NIL						
<table border="1" style="width: 100%;"> <tr> <td>TYPE OF POLICY</td> <td></td> </tr> <tr> <td>POLICY NO.</td> <td></td> </tr> <tr> <td>NAME OF INSURER</td> <td></td> </tr> </table>		TYPE OF POLICY		POLICY NO.		NAME OF INSURER		
TYPE OF POLICY								
POLICY NO.								
NAME OF INSURER								
27.	Motor vehicle registration	E\$1						
<table border="1" style="width: 100%;"> <tr> <td style="width: 50%;">REG. NO. Registration number:</td> <td style="width: 50%;">VEHICLE MAKE Make:</td> </tr> </table>		REG. NO. Registration number:	VEHICLE MAKE Make:					
REG. NO. Registration number:	VEHICLE MAKE Make:							
28.	Hire purchase/ lease agreements	NIL						
<table border="1" style="width: 100%;"> <tr> <td>DESCRIBE THE PROPERTY</td> <td></td> </tr> <tr> <td>NAME OF COMPANY/PERSON</td> <td></td> </tr> </table>		DESCRIBE THE PROPERTY		NAME OF COMPANY/PERSON				
DESCRIBE THE PROPERTY								
NAME OF COMPANY/PERSON								
29.	Loan repayments	NIL						
<table border="1" style="width: 100%;"> <tr> <td>NAME OF LENDER</td> <td></td> </tr> <tr> <td>TYPE OF LOAN</td> <td></td> </tr> </table>		NAME OF LENDER		TYPE OF LOAN				
NAME OF LENDER								
TYPE OF LOAN								
30.	Credit card Payments	E\$35						
<table border="1" style="width: 100%;"> <tr> <td style="width: 50%;">CARD TYPE MasterCard</td> <td style="width: 50%;">MINIMUM PAYMENT \$1,000</td> </tr> <tr> <td colspan="2">NAME OF COMPANY Australia and New Zealand Banking Group</td> </tr> </table>		CARD TYPE MasterCard	MINIMUM PAYMENT \$1,000	NAME OF COMPANY Australia and New Zealand Banking Group				
CARD TYPE MasterCard	MINIMUM PAYMENT \$1,000							
NAME OF COMPANY Australia and New Zealand Banking Group								
31.	Maintenance payments/child support	NIL						
<table border="1" style="width: 100%;"> <tr> <td colspan="2">PAID FOR THE BENEFIT OF</td> </tr> <tr> <td style="width: 30%;"> <input type="checkbox"/> assessment <input type="checkbox"/> agreement <input type="checkbox"/> order </td> <td>AMOUNT OF ASSESSMENT, AGREEMENT OR ORDER</td> </tr> </table>		PAID FOR THE BENEFIT OF		<input type="checkbox"/> assessment <input type="checkbox"/> agreement <input type="checkbox"/> order	AMOUNT OF ASSESSMENT, AGREEMENT OR ORDER			
PAID FOR THE BENEFIT OF								
<input type="checkbox"/> assessment <input type="checkbox"/> agreement <input type="checkbox"/> order	AMOUNT OF ASSESSMENT, AGREEMENT OR ORDER							

32. Total of all other expenditure

E\$2,161

33. **TOTAL PERSONAL EXPENDITURE**
WRITE THIS ITEM 33 TOTAL AT ITEM 2B ON PAGE 2 OF THIS FORM

\$2,227

PART H Personal expenses you pay for the benefit of others

34. State which of the expenses in Part G that are paid by you for other persons

NAME OF PERSON	DETAILS OF EXPENSES	AVERAGE WEEKLY AMOUNT
Person #1:	List all expenses paid for the benefit of Person #1:	\$645

PART I Property owned by you

		CURRENT VALUE OF YOUR SHARE						
35. Home	<table border="1"> <tr><td>FULL NAME OF THE REGISTERED OWNERS</td></tr> <tr><td>PROPERTY ADDRESS</td></tr> <tr><td>YOUR % SHARE</td></tr> </table>	FULL NAME OF THE REGISTERED OWNERS	PROPERTY ADDRESS	YOUR % SHARE	NIL			
FULL NAME OF THE REGISTERED OWNERS								
PROPERTY ADDRESS								
YOUR % SHARE								
36. Other real estate	<table border="1"> <tr><td>PROPERTY ADDRESS</td></tr> <tr><td>REGISTERED OWNERS</td></tr> <tr><td>YOUR % SHARE</td></tr> </table>	PROPERTY ADDRESS	REGISTERED OWNERS	YOUR % SHARE	NIL			
PROPERTY ADDRESS								
REGISTERED OWNERS								
YOUR % SHARE								
37. Funds in banks, building societies credit unions or other financial institutions	<table border="1"> <tr><td>NAME AND BRANCH BSB</td></tr> <tr><td>ACCOUNT HOLDER & NUMBER</td></tr> <tr><td>CURRENT BALANCE</td></tr> </table>	NAME AND BRANCH BSB	ACCOUNT HOLDER & NUMBER	CURRENT BALANCE	NIL			
NAME AND BRANCH BSB								
ACCOUNT HOLDER & NUMBER								
CURRENT BALANCE								
38. Investments	<table border="1"> <tr><td>NAME AND TYPE OF INVESTMENT Name: shares</td></tr> <tr><td>FULL NAMES OF ALL OWNERS First Given Name: Family Name As Used Now:</td></tr> <tr><td>NUMBER OF SHARES HELD 2</td></tr> <tr><td>YOUR % SHARE 100.00%</td></tr> </table>	NAME AND TYPE OF INVESTMENT Name: shares	FULL NAMES OF ALL OWNERS First Given Name: Family Name As Used Now:	NUMBER OF SHARES HELD 2	YOUR % SHARE 100.00%	\$9,000		
NAME AND TYPE OF INVESTMENT Name: shares								
FULL NAMES OF ALL OWNERS First Given Name: Family Name As Used Now:								
NUMBER OF SHARES HELD 2								
YOUR % SHARE 100.00%								
39. Life insurance policies	<table border="1"> <tr><td>POLICY TYPE</td><td>POLICY NO.</td></tr> <tr><td colspan="2">NAME OF INSURANCE COMPANY</td></tr> <tr><td>FULL NAMES OF ALL OWNERS</td><td>YOUR % SHARE</td></tr> </table>	POLICY TYPE	POLICY NO.	NAME OF INSURANCE COMPANY		FULL NAMES OF ALL OWNERS	YOUR % SHARE	NIL
POLICY TYPE	POLICY NO.							
NAME OF INSURANCE COMPANY								
FULL NAMES OF ALL OWNERS	YOUR % SHARE							

40. Motor vehicle	YEAR 2011	MAKE Make:	\$35,000
	MODEL Model:	REGISTRATION NO. Registration number:	
	FULL NAMES OF REGISTERED OWNERS First Given Name: Family Name As Used Now:		

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	NIL
	ADDRESS OF BUSINESS	
	YOUR % SHARE	

BUSINESS TYPE

Sole trader Partnership Proprietary company/trust

42. Household contents	NIL
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43. Other personal property	SPECIFY	NIL
	YOUR % SHARE	

44. WRITE THIS ITEM 44 TOTAL AT ITEM 2C ON PAGE 2 OF THIS FORM	TOTAL VALUE OF PROPERTY OWNED BY YOU \$44,000
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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	GROSS VALUE
		NIL

TYPE OF INTEREST

Accumulation interest Retirement saving account

Partially vested accumulation interest Small superannuation account

Defined benefit interest Percentage only interest

Self-managed fund Approved deposit fund

Eligible annuity

WRITE THIS ITEM 45 TOTAL AT ITEM 2D ON PAGE 2 OF THIS FORM	TOTAL GROSS VALUE OF YOUR SUPERANNUATION NIL
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PART K Your liabilities

46.	Home mortgage	<table border="1"> <tr> <td>NAME OF ALL BORROWERS</td> </tr> <tr> <td>YOUR % SHARE</td> </tr> </table>	NAME OF ALL BORROWERS	YOUR % SHARE	<p style="text-align: right;">AMOUNT OF YOUR SHARE</p> <table border="1"> <tr> <td></td> </tr> </table>			
NAME OF ALL BORROWERS								
YOUR % SHARE								
47.	Other mortgages	<table border="1"> <tr> <td>NAME OF ALL BORROWERS</td> </tr> <tr> <td>YOUR % SHARE</td> </tr> </table>	NAME OF ALL BORROWERS	YOUR % SHARE	<p style="text-align: right;">AMOUNT OF YOUR SHARE</p> <table border="1"> <tr> <td style="text-align: center;">NIL</td> </tr> </table>	NIL		
NAME OF ALL BORROWERS								
YOUR % SHARE								
NIL								
48.	Total income tax assessed and unpaid for the last financial year	Due date	<table border="1"> <tr> <td style="text-align: center;">NIL</td> </tr> </table>	NIL				
NIL								
49.	Total income tax assessed and unpaid in previous financial years		<table border="1"> <tr> <td style="text-align: center;">NIL</td> </tr> </table>	NIL				
NIL								
50.	Loans	<table border="1"> <tr> <td>NAME OF LENDER</td> </tr> <tr> <td>TYPE OF LOAN <input type="checkbox"/> overdraft <input type="checkbox"/> other <input type="checkbox"/> personal loan </td> </tr> <tr> <td>NAME OF BORROWERS</td> </tr> <tr> <td>YOUR % SHARE</td> </tr> </table>	NAME OF LENDER	TYPE OF LOAN <input type="checkbox"/> overdraft <input type="checkbox"/> other <input type="checkbox"/> personal loan	NAME OF BORROWERS	YOUR % SHARE	<p style="text-align: right;">AMOUNT OF YOUR SHARE</p> <table border="1"> <tr> <td style="text-align: center;">NIL</td> </tr> </table>	NIL
NAME OF LENDER								
TYPE OF LOAN <input type="checkbox"/> overdraft <input type="checkbox"/> other <input type="checkbox"/> personal loan								
NAME OF BORROWERS								
YOUR % SHARE								
NIL								
51.	Credit/ charge cards	<table border="1"> <tr> <td>SPECIFY CARD PROVIDER AND TYPE Australia and New Zealand Banking Group MasterCard</td> </tr> </table>	SPECIFY CARD PROVIDER AND TYPE Australia and New Zealand Banking Group MasterCard	<table border="1"> <tr> <td style="text-align: center;">\$2,000</td> </tr> </table>	\$2,000			
SPECIFY CARD PROVIDER AND TYPE Australia and New Zealand Banking Group MasterCard								
\$2,000								
52.	Hire purchase/ lease	<table border="1"> <tr> <td>NAME OF LENDER</td> </tr> <tr> <td>Date of final payment</td> </tr> <tr> <td>FULL NAMES OF ALL PERSONS NAMED IN AGREEMENT</td> </tr> <tr> <td>YOUR % SHARE</td> </tr> </table>	NAME OF LENDER	Date of final payment	FULL NAMES OF ALL PERSONS NAMED IN AGREEMENT	YOUR % SHARE	<p style="text-align: right;">AMOUNT OF YOUR SHARE</p> <table border="1"> <tr> <td style="text-align: center;">NIL</td> </tr> </table>	NIL
NAME OF LENDER								
Date of final payment								
FULL NAMES OF ALL PERSONS NAMED IN AGREEMENT								
YOUR % SHARE								
NIL								
53.	Other personal liabilities	<table border="1"> <tr> <td>SPECIFY</td> </tr> <tr> <td>FULL NAMES OF ANY OTHER LIABLE PERSON</td> </tr> <tr> <td>YOUR % SHARE</td> </tr> </table>	SPECIFY	FULL NAMES OF ANY OTHER LIABLE PERSON	YOUR % SHARE	<p style="text-align: right;">AMOUNT OF YOUR SHARE</p> <table border="1"> <tr> <td style="text-align: center;">NIL</td> </tr> </table>	NIL	
SPECIFY								
FULL NAMES OF ANY OTHER LIABLE PERSON								
YOUR % SHARE								
NIL								
54.	Other personal business liabilities	<table border="1"> <tr> <td>SPECIFY</td> </tr> <tr> <td>FULL NAMES OF ANY OTHER LIABLE PERSON</td> </tr> <tr> <td>YOUR % SHARE</td> </tr> </table>	SPECIFY	FULL NAMES OF ANY OTHER LIABLE PERSON	YOUR % SHARE	<p style="text-align: right;">AMOUNT OF YOUR SHARE</p> <table border="1"> <tr> <td style="text-align: center;">NIL</td> </tr> </table>	NIL	
SPECIFY								
FULL NAMES OF ANY OTHER LIABLE PERSON								
YOUR % SHARE								
NIL								
55.	<p style="text-align: right;">TOTAL LIABILITIES</p> <p>WRITE THIS ITEM 55 TOTAL AT ITEM 2E ON PAGE 2 OF THIS FORM</p>		<table border="1"> <tr> <td style="text-align: center;">\$2,000</td> </tr> </table>	\$2,000				
\$2,000								

PART L Financial resources

56.	Interest in any trust or deceased estate	SPECIFY	NIL
57.	Other financial resources	SPECIFY	NIL
58.	TOTAL FINANCIAL RESOURCES WRITE THIS ITEM 58 TOTAL AT ITEM 2F ON PAGE 2 OF THIS FORM		NIL

PART M About disposal of property

59. Specify property falling within Rule 6.06(3)(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	OTHER ADULTS
Food	\$60	\$30	\$30	NIL
Household supplies	NIL	NIL	NIL	NIL
House repairs	NIL	NIL	NIL	NIL
Gas	\$200	\$200	NIL	NIL
Electricity	\$200	\$200	NIL	NIL
Heating fuel	NIL	NIL	NIL	NIL
Telephone	\$156	\$156	NIL	NIL
Motor vehicle:				
petrol	NIL	NIL	NIL	NIL
maintenance	NIL	NIL	NIL	NIL
Fares / car parking	\$55	\$30	\$25	NIL
Clothing and shoes	NIL	NIL	NIL	NIL
Children's activities	NIL	NIL	NIL	NIL
Child minding	NIL	NIL	NIL	NIL
Medical, dental and optical (not including health insurance premiums)	\$640	\$400	\$140	\$100
Entertainment / hobbies	NIL	NIL	NIL	NIL
Holidays	NIL	NIL	NIL	NIL
Education expenses, including fees and levies	\$350	NIL	\$350	NIL
Chemist / pharmaceutical	NIL	NIL	NIL	NIL
Gardening / lawnmowing	NIL	NIL	NIL	NIL
Cleaning (house / pool)	\$100	\$100	NIL	NIL
Repairs – furnishings and appliances	\$400	\$400	NIL	NIL
Dry cleaning	NIL	NIL	NIL	NIL
Books and magazines	NIL	NIL	NIL	NIL
Gifts	NIL	NIL	NIL	NIL
Hairdressing, toiletries	NIL	NIL	NIL	NIL
TOTAL	\$2,161	\$1,516	\$545	\$100

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

lawyer for the

respondent

LAWYER'S NAME
LAWYER'S CODE