

Statement of Financial Circumstances (Child Support Appeals)

Your financial circumstances are relevant to the SSAT's decision. This form must be completed and returned to the SSAT within the timeframe specified in the letter.

Please note that any information collected by the Tribunal will be made available to all other parties to the appeal, including the Child Support Agency.

Part A About you

1	What is your family name as used now?	Given names?
	<input style="width: 100%; height: 30px;" type="text"/>	<input style="width: 100%; height: 30px;" type="text"/>

Part B Financial summary

IMPORTANT: As you complete the rest of this form you will be asked to transfer the totals for Parts D, F-K to this summary

- | | | | |
|---|-----|--|----------|
| 2 | i | Your total average income (THIS IS THE FIGURE AT ITEM 16) | \$ _____ |
| | ii | Total value of property owned by you (THIS IS THE FIGURE AT ITEM 27) | \$ _____ |
| | iii | Total gross value of your superannuation (THIS IS THE FIGURE AT ITEM 28) | \$ _____ |
| | iv | Total of your liabilities (THIS IS THE FIGURE AT ITEM 37) | \$ _____ |
| | v | Total of your financial resources (THIS IS THE FIGURE AT ITEM 39) | \$ _____ |
| | vi | Your total personal expenditure (THIS IS THE FIGURE AT ITEM 46) | \$ _____ |
| | vii | Your total household expenditure (THIS IS THE FIGURE AT ITEM 48) | \$ _____ |

STATEMENT

I declare that the information on this form is complete and correct.

Signature:	Date:
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Part C**Your employment details**

3 What is your usual occupation?

4 What is the name of your employer?

5 What is the address of your employer?

STATE	POSTCODE	PHONE

6 How long have you been employed at this place?

	YEARS	MONTHS	DAYS
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7 Your employment status?

full time permanently
 part time casually on contract

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

	\$ <input style="width: 90%;" type="text"/>
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10 Investment Income (before tax)

	INCOME TYPE (eg. rent, interest, dividend)	\$ <input style="width: 90%;" type="text"/>
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	INCOME TYPE (eg. rent, interest, dividend)	\$ <input style="width: 90%;" type="text"/>
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AVERAGE WEEKLY AMOUNT

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	\$ REQUIRED TO BE PAID	ACTUALLY RECEIVED
	FOR THE BENEFIT OF		
			\$
	PAID BY	\$ REQUIRED TO BE PAID	ACTUALLY RECEIVED
	FOR THE BENEFIT OF		
			\$

14 Benefits from Employment/ business	TYPE OF BENEFIT	\$
	TYPE OF BENEFIT	\$

15 Other income	PAID BY	\$
	TYPE OF BENEFIT	

16	TOTAL AVERAGE WEEKLY INCOME	\$
	WRITE THIS ITEM 16 TOTAL AT QUESTION 2 (i) ON PAGE 1 OF THIS FORM	

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
		\$

CURRENT VALUE OF YOUR SHARE

18 Home	FULL NAME OF THE REGISTERED OWNERS		\$
	YOUR % SHARE		
19 Other real estate	REGISTERED OWNERS		\$
	YOUR % SHARE		
	REGISTERED OWNERS		\$
	YOUR % SHARE		
20 Funds in banks, building societies, credit unions or other financial institutions	CURRENT BALANCE	\$	\$
	CURRENT BALANCE	\$	\$
21 Investments	YOUR % SHARE		\$
22 Life Insurance policies	YOUR % SHARE		\$
23 Motor vehicle	YEAR	MAKE	\$
	MODEL		
	YOUR % SHARE		
	YEAR	MAKE	\$
	MODEL		
	YOUR % SHARE		

CURRENT VALUE OF YOUR SHARE

24 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

25 Household contents

\$

26 Other personal property

SPECIFY	\$
YOUR % SHARE	

27

TOTAL VALUE OF PROPERTY OWNED BY YOU
WRITE THIS ITEM 27 TOTAL AT QUESTION 2 (ii) ON PAGE 1 OF THIS FORM

\$

Part G Superannuation

28 Interest in superannuation

NAME OF SUPERANNUATION PLAN	GROSS VALUE
	\$

TYPE OF INTEREST

<input type="checkbox"/> Accumulated interest	<input type="checkbox"/> Retirement saving 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

INFORMATION ABOUT ANY OTHER SUPERANNUATION PLANS	\$
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TOTAL GROSS VALUE OF YOUR SUPERANNUATION
WRITE THIS ITEM 28 TOTAL AT QUESTION 2 (iii) ON PAGE 1 OF THIS FORM

\$

Part H

Your liabilities

AMOUNT OF YOUR SHARE

29	Home mortgage	FULL NAME OF ALL BORROWERS	\$
		YOUR % SHARE	
30	Other mortgages	FULL NAME OF ALL BORROWERS	\$
		YOUR % SHARE	
31	Total income tax assessed and unpaid for the most recent financial year.		\$
		Date due: / /	
32	Total income tax assessed and unpaid in previous financial years		\$
33	Loans	NAME OF LENDER	\$
		TYPE OF LOAN	
		<input type="checkbox"/> over draft	
		<input type="checkbox"/> personal loan <input type="checkbox"/> other (specify)	
		FULL NAME OF ALL BORROWERS	
		YOUR % SHARE	
34	Credit/ charge cards	SPECIFY CARD PROVIDER AND TYPE	\$
		SPECIFY CARD PROVIDER AND TYPE	\$
35	Other personal liabilities	SPECIFY	\$
		FULL NAME OF OTHER LIABLE PERSON	
		YOUR % SHARE	
36	Other personal business liabilities	SPECIFY	\$
		FULL NAME OF OTHER LIABLE PERSON	
		YOUR % SHARE	
37	TOTAL LIABILITIES		\$
	WRITE THIS ITEM 37 TOTAL AT QUESTION 2 (iv) ON PAGE 1 OF THIS FORM		

Part I Financial Resources

38 Other financial resources \$

39 **TOTAL FINANCIAL RESOURCES**
WRITE THIS ITEM 39 TOTAL AT QUESTION 2 (v) ON PAGE 1 OF THIS FORM \$

Part J 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

40 Total income tax \$

41 Superannuation \$

42 Life insurance premiums \$

43 Maintenance Payments/ child support \$

- assessment
- agreement
- order

\$

44 Minimum credit Card payments Minimum Payment \$

45 Health insurance premiums \$

46 **TOTAL PERSONAL EXPENDITURE**
WRITE THIS ITEM 46 TOTAL AT QUESTION 2 (vi) ON PAGE 1 OF THIS FORM \$

47 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	\$	\$	\$	\$
Rent / Mortgage	\$	\$	\$	\$
Household supplies	\$	\$	\$	\$
House repairs	\$	\$	\$	\$
Gas	\$	\$	\$	\$
Electricity	\$	\$	\$	\$
Heating fuel	\$	\$	\$	\$
Water charges	\$	\$	\$	\$
Telephone	\$	\$	\$	\$
Council Rates & Levies	\$	\$	\$	\$
Motor vehicle				
- petrol	\$	\$	\$	\$
- maintenance	\$	\$	\$	\$
- registration	\$	\$	\$	\$
Fares/ car parking	\$	\$	\$	\$
Clothing and shoes	\$	\$	\$	\$
Children's activities	\$	\$	\$	\$
Child minding	\$	\$	\$	\$
Medical, dental and optical (not including health insurance premiums)	\$	\$	\$	\$
Insurance (Excluding Health/Life)	\$	\$	\$	\$
Entertainment/ hobbies	\$	\$	\$	\$
Holidays	\$	\$	\$	\$
Education expenses, including fees and levies	\$	\$	\$	\$
Chemist/ pharmaceutical	\$	\$	\$	\$
Gardening/ lawn mowing	\$	\$	\$	\$
Cleaning (house/ pool)	\$	\$	\$	\$
Repairs – furnishings and appliances	\$	\$	\$	\$
Dry cleaning	\$	\$	\$	\$
Books and magazines	\$	\$	\$	\$
Gifts	\$	\$	\$	\$
Hairdressing, toiletries	\$	\$	\$	\$
Other necessary commitments (specify)	\$	\$	\$	\$
TOTAL	\$	\$	\$	\$

48

TOTAL HOUSEHOLD EXPENDITURE
WRITE THIS ITEM 48 TOTAL AT QUESTION 2 (vii) ON PAGE 1 OF THIS FORM

\$

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.