



Statement of Means Form: Application for Time to Pay a Fine

PPN Number	<input style="width: 100%;" type="text"/>		
Full Name	<input style="width: 100%;" type="text"/>	Date of Birth	<input style="width: 10%; text-align: center;" type="text"/> / <input style="width: 10%; text-align: center;" type="text"/> / <input style="width: 10%; text-align: center;" type="text"/>
Address	<input style="width: 100%;" type="text"/>	Home Phone	(<input style="width: 10%; text-align: center;" type="text"/>) <input style="width: 10%; text-align: center;" type="text"/>
	<input style="width: 100%;" type="text"/>	Mobile Phone	(<input style="width: 10%; text-align: center;" type="text"/>) <input style="width: 10%; text-align: center;" type="text"/>
	<input style="width: 100%;" type="text"/>	Work Phone	(<input style="width: 10%; text-align: center;" type="text"/>) <input style="width: 10%; text-align: center;" type="text"/>
		Number of Dependants	<input style="width: 10%; text-align: center;" type="text"/>
Occupation	<input style="width: 100%;" type="text"/>	Dependant's Ages	<input style="width: 10%; text-align: center;" type="text"/>
Employer Name	<input style="width: 100%;" type="text"/>		
Employer Address	<input style="width: 100%;" type="text"/>		

A. INCOME (includes salary, wages, benefit, and money from other sources - after tax)

	Amount	Frequency (W/F/M/Y)	
Salary/Wage	\$ <input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	Benefit Type <input style="width: 100%;" type="text"/>
Benefit	\$ <input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	Benefit No. <input style="width: 100%;" type="text"/>
Child Support	\$ <input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	Bank account <input style="width: 10%; text-align: center;" type="text"/> <input style="width: 10%; text-align: center;" type="text"/> <input style="width: 10%; text-align: center;" type="text"/> <input style="width: 10%; text-align: center;" type="text"/>
Family Support	\$ <input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	Bank Branch <input style="width: 100%;" type="text"/> Balance \$ <input style="width: 10%; text-align: center;" type="text"/>
Other Income	\$ <input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	Other Income Details <input style="width: 100%;" type="text"/>
			<input style="width: 100%;" type="text"/>
Total Income (Weekly)	\$ <input style="width: 100%;" type="text"/>	A	<input style="width: 100%;" type="text"/>

B. EXPENSES (if more than one person pays towards these expenses - list your contribution only)

	Amount	Frequency (W/F/M/Y)	
Rent/Mortgage	\$ <input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	
Food & Household	\$ <input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	
Electricity/Gas	\$ <input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	
Home Phone	\$ <input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	
Mobile Phone	\$ <input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	
Internet	\$ <input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	
Rates/Insurance	\$ <input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	
WoF/Registration	\$ <input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	
Petrol/Bus/Taxi	\$ <input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	
Childcare/Education	\$ <input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	
Medical/Dental	\$ <input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	
Other Expenses	\$ <input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	Other Expenses Details <input style="width: 100%;" type="text"/>
			<input style="width: 100%;" type="text"/>
Total Expenses (Weekly)	\$ <input style="width: 100%;" type="text"/>	B	<input style="width: 100%;" type="text"/>

C. DEBTS & LIABILITIES (car payments, loans, hire purchases, credit cards etc)

Debt Type	Amount Owed	Repayment Amount	Frequency (W/F/M/Y)	Lender	Completion Date
	\$	\$			/ /
	\$	\$			/ /
	\$	\$			/ /
	\$	\$			/ /
	\$	\$			/ /

Total Debt Repayments (Weekly) \$ C

D. ASSETS

	Value		Make/Model	Reg. Number	Value
Savings	\$	Vehicles			\$
House	\$				\$
Investments	\$				\$
Other	\$				\$
Other Asset Details					

DECLARATION

The information provided on this form will be used to assess your eligibility for more time to pay your fine. **It may also be used by a Judge to assess your means to pay a fine or by District Court staff in order to enforce a fine.**

Please note: You may be required to provide evidence to support this application.

I have read the above and understand the purpose of providing this information. I do solemnly and sincerely declare that the information I have provided is true and correct.

Signed

Date

 / /

OFFICE USE ONLY

Total Income (A)	\$	<input type="text"/>
Total Expenses (B)	\$	<input type="text"/>
Total Debt Repayment (C)	\$	<input type="text"/>
Total Outgoings (B+C)	\$	<input type="text"/>
Disposable Weekly Income A - (B+C)	\$	<input type="text"/>

Profile details Updated

Means Assessment updated in COLLECT

Time to pay Granted / Refused

Ordered to pay \$ Frequency (W/F/M/Y)

Arrangement Type

Signed Deputy Registrar / /