

14B.

Para. 87B

Form Showing Lack of Means

[Title in action]

FORM SHOWING LACK OF MEANS

NOTE: You should check if you qualify for Legal Aid (see <<https://lab.mlaw.gov.sg/legal-services/do-i-qualify/>>) before filling this form. If you qualify for Legal Aid, you can only use this form if you have applied for Legal Aid and your application has been rejected.

Section 1

Name of applicant:

Occupation:

Contact Address:

Contact phone numbers:

Section 2

This application relates to court fees for [e.g., the filing of a notice of appeal] in the sum of S\$_____

Please state if you are applying for waiver or deferment. [A waiver or deferment of appeal court fees will only be granted in exceptional circumstances]:

- ☐ a full waiver;
- ☐ a partial waiver of _____ ; or
- ☐ the payment to be deferred until _____
Date

Confirm your application status:

- ☐ I have not previously applied for a waiver or deferment

or

- ☐ I applied for a waiver or deferment on _____
Date

Please confirm if you qualify for Legal Aid: ☐ Yes ☐ No

If you do not qualify for Legal Aid, briefly state the reasons why this is so:

If you qualify for Legal Aid, please confirm if you have made an application with the Legal Aid Bureau:

- ☐ Yes ☐ No

If you have made an application with the Legal Aid Bureau, was your application successful:

- ☐ Yes ☐ No

If your application with the Legal Aid Bureau was not successful, briefly state the reasons why this is so:

Section 3

Please provide the reasons for your request (for example, details of any undue financial hardship which may be suffered by you if you had to pay the court fee):

[Applicant to provide details]

Please provide information on your personal financial circumstances:

- ☐ I am not employed
- ☐ I am employed and my total monthly income for the last 3 months is \$_____
- ☐ I run my own business and my total monthly income is \$_____.
- ☐ I am a bankrupt and my bankruptcy number is _____.

Please attach the necessary documentation to support the information provided in this form, in particular:

- (a) To include a recent copy of your CPF Statement of Account, pay advice and a copy of your latest notice of income tax assessment; and
- (b) Please answer the following questions and support your answers with the relevant documents:
 - (i) *Are you on any government financial assistance plan? If yes, please state type of assistance.*
 - (ii) *Are you gainfully employed? If yes, state what your monthly income for the past 3 months is. If no, state when you were last gainfully employed and who is supporting you now.*
 - (iii) *Are you suffering from any medical condition that requires long term medication or treatment? If yes, please provide us with a note from a doctor confirming that you require long term medication or treatment.*
 - (iv) *Do you have any outstanding conservancy, rental, utilities or medical bills, or any other outstanding legal liabilities? If yes, please provide evidence of your liabilities.*

Please state the source(s) of your income:

☐ Wages or salary: _____

☐ Other source. (Please provide details.)

Please state other funds which you have:

Please state the assets in your ownership (e.g., house, other property, car, boat, shares):

Please state your debts and liabilities (e.g., mortgage, hire purchase, repayment of loans) below and attach the necessary documentation in support at the back of this form.

Please state the number of dependents which you have: _____

Please state your monthly living expenses:

mortgage/rent \$_____

food/groceries \$_____

electricity bills \$_____

phone/internet \$_____

petrol/travel \$_____

insurance \$_____

hire purchase \$_____

loan repayment \$_____

others, e.g., medical \$_____

total monthly expenses \$_____

Please state how much income the other members of your household contribute to meeting these monthly living expenses:

Please state if you are able to raise the monies from other sources, and provide details of your efforts in seeking funding.

If you are the appellant, please describe the appeal. Briefly explain the grounds of appeal.

Name of applicant

Signature

Date