

Para. 129

**Form Showing Lack of Means**

(Title in action)

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	\$_____
<b>total monthly expenses</b>	<b>\$_____</b>

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