

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 question/s.

Filed in:

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

Filed on behalf of:

Full name: John Smith

Client ID _____

File number _____

Filed at _____

Filed on _____

Court location _____

Next Court date (if known) _____

This form is to be used by a party to a financial proceeding, 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?

Smith

John

123 Example Road

State QLD Postcode 4000

Please tick as applicable – only one box should be selected

AFFIDAVIT – for financial proceedings:

I swear* / 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)	Mr John Doe Full name of witness (please print)

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

* delete whichever is inapplicable

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

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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)	\$ 1,100
	B	Your total personal expenditure. (THIS IS THE FIGURE AT ITEM 33)	\$ 200
	C	Total value of property owned by you. (THIS IS THE FIGURE AT ITEM 44)	\$ 500,000
	D	Total gross value of your superannuation. (THIS IS THE FIGURE AT ITEM 45)	\$ 0
	E	Total of your liabilities. (THIS IS THE FIGURE AT ITEM 55)	\$ 5,000
	F	Total of your financial resources. (THIS IS THE FIGURE AT ITEM 58)	\$ 0

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?

<input type="text"/>		
STATE	POSTCODE	PHONE

7 How long have you been employed at this place?

YEARS

MONTHS

DAYS

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		\$ 1,100
10	Investment income (before tax)	<div>INCOME TYPE (eg. rent, interest, dividend)</div> <div>PAID BY (bank, mortgagor, company, tenant)</div>	\$ NIL
		<div>INCOME TYPE (eg. rent, interest, dividend)</div> <div>PAID BY (bank, mortgagor, company, tenant)</div>	\$ NIL
11	Income from business/ partnership/ company/ trust	<div>NAME OF BUSINESS/ PARTNERSHIP/ COMPANY/ TRUST</div> <div>TYPE OF BUSINESS</div> <div>ADDRESS OF BUSINESS/ PARTNERSHIP/ COMPANY/ TRUST</div> <div>State Postcode</div>	\$ NIL
12	Government benefits	<div>TYPE OF BENEFIT</div> <div>TYPE OF BENEFIT</div>	<div>\$</div> <div>\$</div>
13	Maintenance/ child support	<div>PAID BY</div> <div>FOR THE BENEFIT OF</div> <div>\$ REQUIRED TO BE PAID</div>	<div>ACTUALLY RECEIVED</div> <div>\$</div>
		<div>PAID BY</div> <div>FOR THE BENEFIT OF</div> <div>\$ REQUIRED TO BE PAID</div>	<div>ACTUALLY RECEIVED</div> <div>\$</div>
14	Benefits from employment/ business	<div>TYPE OF BENEFIT</div> <div>TYPE OF BENEFIT</div>	<div>\$</div> <div>\$</div>
15	Other income	<div>PAID BY</div> <div>TYPE OF BENEFIT</div>	\$
16	TOTAL AVERAGE WEEKLY INCOME WRITE THE ITEM 16 TOTAL AT ITEM 2A ON PAGE 2 OF THIS FORM		\$

Part E Other income earners in your household

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

NAME	AGE	RELATIONSHIP TO YOU	AVERAGE WEEKLY AMOUNT
17			\$0
			\$0
			\$0

Part F Expenses paid by others for your benefit

18	PAID BY	TYPE OF EXPENSE	\$0
	PAID BY	TYPE OF EXPENSE	\$0
	PAID BY	TYPE OF EXPENSE	\$0

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	\$
20	Superannuation	\$
21	Mortgage payments/ rent	\$
22	Rates, unit levies	\$
23	Other mortgage payment	\$
24	Other rates, unit levies	\$
25	Life insurance premiums	\$
	TYPE OF POLICY	
	POLICY NO.	
	NAME OF INSURER	
	TYPE OF POLICY	\$
	POLICY NO.	
	NAME OF INSURER	

PERSONAL EXPENDITURE - CONTINUED

		AVERAGE WEEKLY AMOUNT			
26 Other insurance premiums	TYPE OF POLICY		\$		
	POLICY NO:				
	NAME OF INSURER				
		TYPE OF POLICY		\$	
		POLICY NO:			
		NAME OF INSURER			
			TYPE OF POLICY		\$
			POLICY NO:		
			NAME OF INSURER		
27 Motor vehicle registration			REG. NO:	VEHICLE MAKE	\$
28 Hire purchase/ lease agreements			DESCRIBE THE PROPERTY		\$
	NAME OF COMPANY/ PERSON				
29 Loan repayments	NAME OF LENDER		\$		
	TYPE OF LOAN				
30 Credit card payments	CARD TYPE	Minimum Payment \$	\$		
	NAME OF COMPANY				
	CARD TYPE	Minimum Payment \$	\$		
	NAME OF COMPANY				
31 Maintenance payments/ child support	PAID FOR THE BENEFIT OF		ACTUAL PAYMENT \$		
	<input type="checkbox"/> assessment <input type="checkbox"/> agreement <input type="checkbox"/> order				
	AMOUNT OF ASSESSMENT, AGREEMENT OR ORDER		\$		
32 Total of all other expenditure			\$		
33	TOTAL PERSONAL EXPENDITURE WRITE THIS ITEM 33 TOTAL AT ITEM 2B ON PAGE 2 OF THIS FORM		\$		

Part H

Personal expenses you pay for the benefit of others

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

NAME OF PERSON

GIVE DETAILS

\$ NIL

NAME OF PERSON

GIVE DETAILS

\$ NIL

Part I

Property owned by you

CURRENT VALUE OF YOUR SHARE

- 35 Home

FULL NAME OF THE REGISTERED OWNERS

PROPERTY ADDRESS

YOUR % SHARE

\$ NIL

- 36 Other real estate

PROPERTY ADDRESS

REGISTERED OWNERS:

YOUR % SHARE

\$ NIL

PROPERTY ADDRESS

REGISTERED OWNERS:

YOUR % SHARE

\$ NIL

- 37 Funds in banks, building societies, credit unions or other financial institutions

NAME AND BRANCH BSB

ACCOUNT HOLDER & NUMBER

CURRENT BALANCE \$

\$

NAME AND BRANCH BSB

ACCOUNT HOLDER & NUMBER

CURRENT BALANCE \$

\$

- 38 Investments

NAME AND TYPE OF INVESTMENT

FULL NAMES OF ALL OWNERS

NUMBER OF SHARES HELD YOUR % SHARE

\$

PROPERTY OWNED BY YOU - CONTINUED

CURRENT VALUE OF YOUR SHARE

	NAME AND TYPE OF INVESTMENT FULL NAMES OF ALL OWNERS NUMBER OF SHARES HELD YOUR % SHARE	\$
39 Life Insurance policies	POLICY TYPE POLICY NO. NAME OF INSURANCE COMPANY FULL NAMES OF ALL OWNERS YOUR % SHARE	\$
40 Motor vehicle	YEAR MAKE MODEL REGISTRATION NO. FULL NAME OF REGISTERED OWNER/S YOUR % SHARE 1	\$
	YEAR MAKE MODEL REGISTRATION NO. FULL NAME OF REGISTERED OWNER/S YOUR % SHARE	\$
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 ADDRESS OF BUSINESS YOUR % SHARE Business type (Mark [X] which applies) <input type="checkbox"/> Sole trader <input type="checkbox"/> Partnership <input type="checkbox"/> Proprietary company / trust	\$
42 Household contents		\$
43 Other personal property	SPECIFY YOUR % SHARE	\$
44	TOTAL VALUE OF PROPERTY OWNED BY YOU WRITE THIS ITEM 44 TOTAL AT ITEM 2C ON PAGE 2 OF THIS FORM	\$

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

GROSS VALUE

NAME OF SUPERANNUATION FUND 1

\$

TYPE OF INTEREST

- | | |
|---|---|
| <input type="checkbox"/> Accumulation 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 |
| <input type="checkbox"/> Eligible annuity | |

NAME OF SUPERANNUATION FUND 2

\$

TYPE OF INTEREST

- | | |
|---|---|
| <input type="checkbox"/> Accumulation 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 |
| <input type="checkbox"/> Eligible annuity | |

NAME OF SUPERANNUATION FUND 3

\$

TYPE OF INTEREST

- | | |
|---|---|
| <input type="checkbox"/> Accumulation 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 |
| <input type="checkbox"/> Eligible annuity | |

TOTAL GROSS VALUE OF YOUR SUPERANNUATION
WRITE THIS ITEM 45 TOTAL AT ITEM 2D ON PAGE 2 OF THIS FORM

\$

Part K Your liabilities

46

Home mortgage/s

FULL NAMES OF ALL BORROWERS

YOUR % SHARE

AMOUNT OF YOUR SHARE

\$

47

Other mortgages

FULL NAMES OF ALL BORROWERS

YOUR % SHARE

AMOUNT OF YOUR SHARE

\$

48

Total income tax assessed and unpaid for the last financial year Date due: / /

\$

49

Total income tax assessed and unpaid in previous financial years

\$

50

Loans

NAME OF LENDER

TYPE OF LOAN

☐ overdraft

☐ other (specify)

☐ personal loan

FULL NAMES OF ALL BORROWERS

YOUR % SHARE

AMOUNT OF YOUR SHARE

\$

51

Credit/ charge cards

SPECIFY CARD PROVIDER AND TYPE

\$

SPECIFY CARD PROVIDER AND TYPE

\$

52

Hire purchase/ lease

NAME OF LENDER

Date of final payment / /

FULL NAMES OF ALL PERSONS NAMED IN THE AGREEMENT

YOUR % SHARE

AMOUNT OF YOUR SHARE

\$

AMOUNT OF YOUR SHARE

NAME OF LENDER

Date of final payment / /

FULL NAMES OF ALL PERSONS NAMED IN THE AGREEMENT

YOUR % SHARE

\$

YOUR LIABILITIES - CONTINUED

53

Other personal liabilities

SPECIFY

FULL NAME OF ANY OTHER LIABLE PERSON

YOUR % SHARE

AMOUNT OF YOUR SHARE

\$

54

Other personal business liabilities

SPECIFY

FULL NAME OF ANY OTHER LIABLE PERSON

YOUR % SHARE

AMOUNT OF YOUR SHARE

\$

55

WRITE THIS ITEM 55 TOTAL AT ITEM 2E ON PAGE 2 OF THIS FORM

TOTAL LIABILITIES

\$

Part L Financial resources

56

Interest in any trust or deceased estate

SPECIFY

\$

57

Other financial resources

SPECIFY

\$

58

WRITE THIS ITEM 58 TOTAL AT ITEM 2F ON PAGE 2 OF THIS FORM

TOTAL FINANCIAL RESOURCES

\$

Part M About disposal of property

	Item	How disposed of	Value/ amount received
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		

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 (IF APPLICABLE)	OTHER ADULTS (IF APPLICABLE)
Food	\$	\$	\$	\$
Household supplies	\$	\$	\$	\$
House repairs	\$	\$	\$	\$
Gas	\$	\$	\$	\$
Electricity	\$	\$	\$	\$
Internet	\$	\$	\$	\$
Telephone	\$	\$	\$	\$
Motor vehicle				
petrol	\$	\$	\$	\$
maintenance	\$	\$	\$	\$
Fares/ car parking	\$	\$	\$	\$
Clothing and shoes	\$	\$	\$	\$
Children's activities	\$	\$	\$	\$
Child minding	\$	\$	\$	\$
Medical, dental and optical (not including health insurance premiums)	\$	\$	\$	\$
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	\$	\$	\$	\$

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.

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This application was prepared by

☐

applicant/s

☐

lawyer

☐

respondent/s

PRINT NAME AND LAWYER'S CODE

Approved by Chief Justice/Chief Judge pursuant to Rule 15.21

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