

# Application for a fee remission

EX160

## 1. About the case

Case or claim number

What is the title or number of the form you need the court to issue?

Name of claimant(s)/petitioner(s)

Name of defendant(s)/respondent(s)

## For Probate cases only

Name of deceased

Date of death

 /  / 

## 2. Your details

Title

☐ Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other 

Your address

Surname/family name

First and middle names

Date of birth

 /  / 

Postcode

## 3. Full remission based on permitted benefits

Remission 1

Do you receive any of these benefits?

☐ Income-based Jobseeker's Allowance ☐ Working Tax Credit and **not** receiving Child Tax Credit ☐ Income-related Employment and Support Allowance

(Please read page 6 of the booklet for more information on how to complete this section.)

☐ Income Support ☐ State Pension Guarantee Credit☐ None of the above - **Go to section 4** | If you have ticked any of the above boxes **Go to section 6**

## 4. Full remission based on gross annual income

Remission 2

Do you have any children?

☐ Yes ☐ No | If Yes, how many are financially dependant on you? 

What is your status?

☐ Single person☐ Part of a couple

Your gross annual income

(Please read pages 9 to 11 of the booklet for more information on how to complete this section.)

	Applicant	Applicant	Partner
Paid/Self employment	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
Money from anyone living with you	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
Total pensions: state, private, occupational	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
Total benefits	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
Money from rents, shares, bonds or other financial arrangement	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
Any other income	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
<b>Total gross annual income</b>	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>

Declaration

☐ I have read pages 9 to 11 of the guidance and confirm that my/our gross annual income☐ **Exceeds** the stated limits  
**Go to section 5**☐ **Does not** exceed the stated limits  
**Go to section 6**

## 5. Part remission based on monthly income and expenditure

Remission 3

This means test will establish your monthly disposable income upon which we will determine how much of a contribution you will need to pay towards the court fee.

(Please read pages 11 to 13 of the booklet for more information on how to complete this section.)

Monthly income		Monthly expenses
	Applicant	Partner
<b>Net income</b>	£	£
<b>Income from people living with you</b>		
• lodger or tenant	£	£
• non-dependant children	£	£
• relative	£	£
<b>Pension</b>		
• state	£	£
• private	£	£
• occupational	£	£
<b>Child benefit</b>	£	£
<b>Other benefits</b>	£	£
<b>Money from rents, shares, bonds or other financial arrangement</b>	£	£
<b>Any other income</b>	£	£
<b>Total monthly income</b>	£	£
<b>Monthly expenses</b>		
<b>Housing costs</b>	£	
<b>Fixed allowances</b>		
• partner	£	
• dependant children (each child)	£	
• general living expenses	£	
<b>Child maintenance</b>		
• under a court order	£	
• voluntary agreement	£	
• Child Support Agency	£	
<b>Child care expenses</b>	£	
<b>Payments under a court order</b>	£	
<b>Total monthly expenses</b> £		

## 6. Refund

Are you applying for a refund of a court fee paid within the last six months?

☐ Yes

☐ No

If Yes, what is the date you paid this fee?

/ /

## 7. Declaration

You must tick each box. Doing so means that you have read and understood the declaration.

☐ I agree to provide documentary evidence to support my statements.

☐ I understand this application will be refused if I fail to provide the evidence.

☐ I understand that this application will be refused if I fail to disclose any relevant facts.

## 8. Statement of truth

I believe that the facts and information stated in this application are true.

Signature

Date

 /  / 

Full name

## For the office use only

Name of court/ Probate Office	<input type="text"/>	Evidence for remission	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<b>Compliance control</b>	
Reference number	<input type="text"/>	Court/Probate fee	£ <input type="text"/>		Signature
Form number	<input type="text"/>	Amount remitted	£ <input type="text"/>		<input type="text"/>
Signature	<input type="text"/>	Contribution	£ <input type="text"/>		Date
Band	<input type="text"/>	Date	<input type="text"/>		<input type="text"/>
		Amount to pay	£ <input type="text"/>		