

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)

2. Your details

Title

 Mr Mrs Miss Ms Other

Surname/family name

First and middle names

Address

Postcode

Date of birth

 / /

3. Full remission based on permitted benefits

Concession 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

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

Concession 3

This means test will establish your monthly disposable income upon which the court 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		
Net income	£ <input type="text"/>	£ <input type="text"/>	Housing costs	£ <input type="text"/>
Income from people living with you			Fixed allowances	
• lodger or tenant	£ <input type="text"/>	£ <input type="text"/>	• partner	£ <input type="text"/>
• non-dependant children	£ <input type="text"/>	£ <input type="text"/>	• dependant children (each child)	£ <input type="text"/>
• relative	£ <input type="text"/>	£ <input type="text"/>	• general living expenses	£ <input type="text"/>
Pension			Child maintenance	
• state	£ <input type="text"/>	£ <input type="text"/>	• under a court order	£ <input type="text"/>
• private	£ <input type="text"/>	£ <input type="text"/>	• voluntary agreement	£ <input type="text"/>
• occupational	£ <input type="text"/>	£ <input type="text"/>	• Child Support Agency	£ <input type="text"/>
Child benefit	£ <input type="text"/>	£ <input type="text"/>	Child care expenses	£ <input type="text"/>
Other benefits	£ <input type="text"/>	£ <input type="text"/>	Payments under a court order	£ <input type="text"/>
Money from rents, shares, bonds or other financial arrangement	£ <input type="text"/>	£ <input type="text"/>		
Any other income	£ <input type="text"/>	£ <input type="text"/>		
Total monthly income	£ <input type="text"/>	£ <input type="text"/>	Total monthly expenses	£ <input type="text"/>

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 court's use only

Name of court	<input type="text"/>	Evidence for concession	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	Compliance control	
Reference number	<input type="text"/>	Court 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"/>	Amount to pay	£ <input type="text"/>		<input type="text"/>