

# **Application for Time to Pay a Court Imposed Fine**

(Fines Act 1996 Sections 10 & 11)

Applicant:

Address:

Date of birth:

Drivers licence number:

Court case reference number:

Date of Hearing:

Court location:

I apply for time to pay (further time to pay) the fines imposed in respect to the above matters.

I apply for further time to pay the fine at the rate of

Lump sum payment within (specify period i.e. 28 days, 2 months etc.)

or

\$ per: week / fortnight / month (please complete and circle)

Dated:

Applicant:

To the Clerk of the Court

### Notes

1. The declaration as to means and assets setting out sources of income, property and liabilities on the back hereof must be completed by the Applicant.
2. The applicant should also provide where applicable copies of documentary evidence supporting the matters contained in the declaration e.g. copy of bank statements, pay slips, evidence of receipt of pension etc.

If a time to pay order is approved I understand that I must make the payment(s) as arranged. I understand that if payments are not made as arranged then my matter may be enforced by reference to the State Debt Recovery Office and

- My driver's licence may be suspended or the registration of any vehicle registered in my name may be cancelled until I pay the full amount.
- I may have to pay additional amounts (enforcement fees)
- My personal property and land may be seized and sold to recover the amount outstanding.

For Office Use Only

(Tick)

Time to Pay [ ] Granted [ ] Refused Terms \$ per week / fortnight / month

(Circle)

GLC system noted: Yes / No

License No. noted on GLC: Yes / No

Foreign Court notified: Yes / No

Time to pay letter sent: Yes/ No

Initials of actioning officer:

### **Declaration as to Mean and Assets**

#### **Income**

\$ per week Net (Wage or equivalent)

\$ per week Social Security

\$ per week Family Allowance

\$ per week Income spouse / partner

\$ per week Other income (specify):

\$ per week Other income (specify):

Total Income per week \$

#### **Debts and Liabilities** (credit card / personal loans)

Amount of repayment per week / Owing to balance (fill in below)

\$ per week

\$ per week

\$ per week

\$ per week

\$ per week

Total amount \$

Name and address of Employer:

Social Security / Pension ref. Number:

Name of Agency Paying benefit:

**Regular Expenses**

- \$        per week Mortgage repayment
- \$        per week Rent
- \$        per week Board
- \$        per week Rates (Council & Water)
- \$        per week Food
- \$        per week Gas and Electricity
- \$        per week Telephone
- \$        per week Fares
- \$        per week Petrol
- \$        per week Motor vehicle running expenses
- \$        per week school expenses
- \$        per week insurance / superannuation
- \$        per week Hospital/ Medical Funds
- \$        per week child support
- \$        per week other expenses not included

Please specify:

Total amount \$        per week

**House or Land**

Value House or land \$

Mortgage owing \$

Due to:

Location of Property:

### Bank Accounts/Building Society Accounts

### Balance of Account

Name of Branch

Account No:

\$

\$

\$

## Other Property Assets

\$ Motor Vehicle (please provide registration number is available):

\$ Furniture

\$ Electrical Goods

\$ Shares or investments

\$ Jewellery

\$ Computer

\$ Collectibles

\$ Other assets (provide details)

How many dependents do you support?

Declared before me this (insert date)

day of (insert month and year)

at \_\_\_\_\_ in the State of \_\_\_\_\_

Applicant signature:

Justice of the Peace signature: