

**FOR OFFICIAL USE ONLY**

Court Office	Evidence for automatic exemption	YES	NO
Reference Number	Remission granted	YES	NO
Signed	Court Fee	£	
	Amount exempted or remitted	£	
Date	Amount to pay (or 'Nil')	£	

**About the case**

Before completing this form please read the leaflet "Court fees - Do I have to pay them?"

**1a Name of Claimant(s) or Petitioner(s)**  
Please use BLOCK LETTERS

**1b Name of Defendant(s) or Respondent(s)**  
Please use BLOCK LETTERS

**1c The case number or claim number**  
(if you know it)

**1d The title or number of the form that you would like the court to issue**  
Please give details of one form only

**1e Are you applying retrospectively for exemption/remission of a court fee in this case and are now seeking a refund**

No      Yes  
The date when you paid the fee

**About you**

**2a Surname or family name**  
Please use BLOCK LETTERS

**2b Other names**  
Please use BLOCK LETTERS

**2c Title Mr Mrs Miss Ms**

Mr      Mrs      Miss      Ms

**2d Address**  
Please include the Post Code

**2e National Insurance Number/s & Date of Birth**

DOB

**2f Relationship status Married Single Civil partnership**

Married      Single      Civil Partnership  
Other - Please specify

**2g Are you receiving:**

Income support or State Pension Credit Guarantee Credit or Income-based Jobseeker’s Allowance

No Yes

**2h Are you receiving:**

Working Tax Credit and have a gross annual income of less than £16,017 and either:-

a) child tax credit is paid to you or a claim has been made jointly by you and your partner **or**

b) the working tax credit has a 'disability element' or a 'severe disability element' IF THE ANSWER TO 2h IS YES, PLEASE PROVIDE US WITH YOUR INLAND REVENUE AWARD NOTICE

No Yes

**2i In this case**, are you receiving legal aid or funding from an Insurance Company, Trade Union or other source

No Yes

**If you have answered 'YES' to 2g or 2h and 'NO' to 2i, go to Part 6. Otherwise continue**

**YOUR MONTHLY INCOME**

3. Give the amount you receive each month for each type of income. If you do not have one of the types of income shown, put 'NIL'. If you have weekly income, multiply it by 52 and divide by 12.

Your usual monthly take home pay  
Your partners usual monthly take home pay  
Pensions (monthly) - 1) State  
2) Other  
Other income  
Please state

PLEASE PROVIDE EVIDENCE SUCH AS A PAY SLIP, BANK STATEMENT OR PENSION BOOK

**TOTAL MONTHLY INCOME**

**YOUR MONTHLY EXPENDITURE**

4. Give the amount you pay each month for each type of expense. If you do not have one of the types of expense shown, put 'NIL'. If you have payments that you make each week, multiply them by 52 and divide by 12. Add up the amounts and put the sum in the 'Total expenses each month' box.

Rent, Rates or Mortgage  
**Special Payments:**  
Child Maintenance  
Court Fines

PLEASE PROVIDE EVIDENCE SUCH AS A MORTGAGE, RENT OR RATES STATEMENT OR COURT NOTICE REGARDING SPECIAL PAYMENTS

**TOTAL MONTHLY EXPENSES**

5. Please provide details of children in your household

**a)** Number of children from 16th to 19th birthday  
How many of the children in a) are still in full time education  
**b)** Children up to the age of 16

**6 DECLARATION**

I declare that the information that I have given is true to the best of my knowledge and belief. I apply for: - (Please tick box 1 or 2) of a court fee.

Exemption Remission

Signed

I understand that:

- I will be asked to provide documents as evidence to support my statements.
- my application will not be processed if I do not provide the evidence.
- my application will be refused if I have not disclosed any relevant facts in this form.

Date