

Request for exemption from paying fees

This form refers to ss 15(2)(a)(i)-(iii) of the *Court Procedures Act 2004*, and s6 *Court Procedures (Fees) Determination 2025*

Use this form to make a request for exemption from paying fees where:

- you are the primary cardholder of a Health Care Card, Low Income Health Care Card or Pensioner Concession Card issued by Services Australia; or
- you are the primary cardholder of a Pensioner Concession Card issued by the Department of Veterans' Affairs; or
- you are legally assisted under a relevant scheme or service, as listed in part 2 of this form.

When returning your completed form to the ACAT registry you will need to attach photocopies of documentary evidence of any of the above (such as your Health Care Card), or written confirmation that you are legally assisted by a service listed in part 2 of this form. Photocopy both sides of the card or other document if it has writing on both sides. The registry will contact you if more supporting information is required.

You must notify the Registry if there is any change to your circumstances that alters the information given in this request while the Tribunal is dealing with your case.

ACAT file number
(ACAT use only)

1. Applicant Details

Provide the details of the applicant seeking an exemption from paying fees. ACAT will use these details to contact you.

Given name

Family name (surname)

Pronouns

Street Address

Suburb

State

Postcode

Email address

Telephone number

2. Reason for seeking exemption to pay a fee

I am the primary cardholder of a current:

- | | |
|--|--|
| <input type="checkbox"/> Health Care Card | <input type="checkbox"/> Pensioner Concession Card |
| <input type="checkbox"/> Low-Income Health Care Card | |

I am legally assisted under the following scheme or service:

- | | |
|---|--|
| <input type="checkbox"/> Legal Aid ACT | <input type="checkbox"/> Canberra Community Law Ltd |
| <input type="checkbox"/> Aboriginal Legal Service (NSW/ACT) Ltd | <input type="checkbox"/> Women's Legal Centre (ACT & Region) Inc |
| <input type="checkbox"/> CARE Consumer Law (ACT) | |

3. Confirmation and Signature

I have attached either:

- ☐ a copy of my Health Care Card, Pensioner Concession Card or Low-Income Health Care Card
- ☐ written confirmation of my legal assistance

Alternatively:

- ☐ I have a digital Health Care Card, Pensioner Concession Card or Low-Income Health Care Card, and will present this in person at the ACAT Registry when submitting this form

By signing this application, I:

- certify that the information provided in this form is true to the best of my knowledge and belief;
- acknowledge that knowingly giving false or misleading information, or producing a false or misleading document, is a serious offence under ss338 and 339 *Criminal Code 2002*, and may result in a fine or imprisonment, or both, if found guilty of such an offence.

Signature of applicant

Date

Office use only

Digital Card Sighted ☐ Yes ☐ No

Exemption Granted ☐ Yes ☐ No

Reason if exemption not granted

Signature of Authorised Officer

Date