

# Financial Statement

## Form 19 Family Law Rules – r. 8.29

Please type or print clearly and mark [X] all boxes that apply. Attach extra pages if you need more space to answer any question

Filed in:

- Family Division of the High Court  
 Family Division of the Magistrates' Court

Filed on behalf of:

- Applicant  
 Respondent

File number \_\_\_\_\_

Filed at \_\_\_\_\_

Filed on \_\_\_\_\_

Location \_\_\_\_\_

Next Court date (if known) \_\_\_\_\_

This form is to be used by a party to a financial case, such as property settlement, maintenance or financial enforcement.

## Part A

## About you

### 1. Personal particulars of party filing financial statement

Full name (including father's name ("f/n"), if necessary for identification; surname (if any) underlined) and residential address

Address for service

- Residential address, as above  
 Postal, work or other address (insert):  
 Solicitor (insert particulars):

Solicitor's name:

Firm name:

Address:

## Affidavit

I swear\* /affirm\* as follows:

- (a) I understand that by law I have an obligation to make a full and frank disclosure of my financial circumstances to the Court and each other party. In particular, I have disclosed in this document or in an affidavit filed by me or on my behalf, all matters I am required to disclose under rule 8.29.
- (b) The information in the financial statement and any attachments to it which are within my personal knowledge are true. Where I have given an estimate in this financial statement, it is based on my knowledge and is given in good faith. All other information given in this financial statement and any attachments is true to the best of my knowledge, information and belief.
- (c) I have no income, property or financial resources other than as set out in this document or any affidavit filed by me.

Your signature  	Place  	Date  / /
Before me (signature of witness)  	Full name of witness (please print)  	

\* delete whichever is inapplicable

- Justice of the Peace       Lawyer  
 Notary Public / Commissioner for Oaths

This financial statement was prepared by:

- filing party  
 lawyer for filing party

PRINT LAWYER'S FIRM NAME

**Part B      Financial summary**

**IMPORTANT:** As you complete the rest of this form you will be asked to transfer the totals from items D, G and I to K to this summary.

2.      A Your total average weekly income (THIS IS THE FIGURE AT ITEM 15)      \$  
           B Your total personal expenditure (THIS IS THE FIGURE AT ITEM 33)      \$  
           C Total values of property owned by you (THIS IS THE FIGURE AT ITEM 46)      \$  
           D Total of your liabilities (THIS IS THE FIGURE AT ITEM 56)      \$  
           E Total of your financial resources (THIS IS THE FIGURE AT ITEM 60)      \$

**Part C Your employment details**

3. What is your usual occupation?

4. What is the name of your employer?

5. What is the address of your employer?

Phone:

6. How long have you been employed at this place?

Years	Months	Days
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7. Are you employed

- Full time     
  permanently     
  on contract  
 Part time     
  casually

8. Are you self-employed?

- No  
 Yes

**State the name of the Business / Company/ Partnership/ Trust**

**Part D Your income**

**NOTE:** GIVE WEEKLY AMOUNTS IN WHOLE DOLLARS. IF THE AMOUNT FOR AN ITEM IS NIL, WRITE 'NIL'. IF YOU CAN ONLY GIVE AN ESTIMATE INSERT THE LETTER 'E' BEFORE THE AMOUNT STATED.

**AVERAGE WEEKLY AMOUNT**

9. Total salary or wages before tax

\$	
----	--

10. Investment income (before tax)

Income type (eg. rent, interest, dividend)
Paid by (bank, mortgagor, company, tenant)

\$	
----	--

Income type (eg. rent, interest, dividend)
Paid by (bank, mortgagor, company, tenant)

\$	
----	--

11. Income from business/ partnership/ company/ trust	Name of business/ partnership/ company/ trust	\$
	Type of business	
	Address of Business/Partnership/Company/ Trust	
	State <span style="float: right;">Postcode</span>	

12. Maintenance	Paid by	Actually received
	For the benefit of <span style="float: right;">\$ Required to be paid</span> \$	

	Paid by	Actually received
	For the benefit of <span style="float: right;">\$ Required to be paid</span> \$	

13. Benefits from employment/ Business	Type of Benefit	\$
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Type of Benefit	\$
-----------------	----

14. Other income	Paid by	\$
	Income Type	

15.	<b>TOTAL AVERAGE WEEKLY INCOME</b> <b>WRITE THE ITEM 15 TOTAL AT ITEM 2A ON PAGE 2 OF THIS FORM</b>	\$
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**Part E Other income earners in your household**

16. Give the name, age and relationship to you and gross income of each other occupant of your household.

	AGE	RELATIONSHIP TO YOU	AVERAGE WEEKLY AMOUNT
Name			\$
Name			\$
Name			\$

## Part F Expenses paid by others for your benefit

17.

Paid by	Type of Expense
Paid by	Type of Expense
Paid by	Type of Expense

\$
\$
\$

## Part G Personal expenditure

**NOTE:** GIVE WEEKLY AMOUNTS IN WHOLE DOLLARS, IF THE AMOUNT FOR AN ITEM IS NI. WRITE 'NIL'. IF YOU CAN ONLY GIVE AN ESTIMATE INSERT THE LETTER 'E' BEFORE THE AMOUNT STATED.

		AVERAGE WEEKLY AMOUNT
18. Total income tax		\$
19. Mortgage payments/ rent (personal residence)	Name of lender/ landlord	\$
20. Rates and charges, eg. water, council, personal residence		\$
21. Mortgage payments/ rents (other property)	Name of lender	\$
	Address of property	
22. Rates and charges eg. water, council (other property)		\$
23. FNPF	Account number	\$
24. Other superannuation	Name of Scheme	
25. Life insurance premiums	Type of Policy	\$
	Policy No.	
	Name of insurer	
	Type of Policy	\$
	Policy No.	
	Name of insurer	

**PERSONAL EXPENDITURE – CONTINUED**

AVERAGE WEEKLY AMOUNT

**26. Other insurance premiums**

Type of Policy
Policy No.
Name of insurer

\$
----

Type of Policy
Policy No.
Name of insurer

\$
----

Type of Policy
Policy No.
Name of insurer

\$
----

**27. Motor vehicle registration**

Reg. No.	Vehicle Make
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\$
----

**28. Hire purchase/ lease agreements**

Describe the property
Name of company/ person

\$
----

**29. Loan repayments**

Name of lender
Type of Loan

\$
----

**30. Minimum credit card payments**

Card type	Minimum payments
Name of company	

\$
----

Card type	Minimum payments
Name of company	

\$
----

**31. Maintenance payments**

Paid for the Benefit of
-------------------------

**ACTUAL PAYMENT**

\$
----

<input type="checkbox"/> assessment <input type="checkbox"/> agreement <input type="checkbox"/> order	Amount of assessment Agreement or Order \$
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**32. Total of all other expenditure**

\$
----

**33.**

**TOTAL PERSONAL EXPENDITURE**  
**WRITE THIS ITEM 33 TOTAL AT ITEM 2B ON**  
**PAGE 2 OF THIS FORM**

\$
----

**Part H Personal expenses you pay for the benefit of others**

34. State which of the expenses in Part G are paid by you for other persons

Name of Person	
Give Details	
	\$
Name of Person	
Give Details	
	\$

**Part I Property owned by you**

35. Home (unless the interest in the land is inalienable – see definition of “property” in s.154 of the Family Law Act)

Full name of the Registered owners	
Your % share	
	<b>Current Value of your Share</b>
	\$

36. Other real estate (other than interests in land that are inalienable)

Property Address	
Registered Owners	
Your % share	
	\$

Property Address	
Registered Owners	
Your % share	
	\$

37. Funds in banks, credit unions or other financial institutions

Name and Branch	
Account Holder & Number	
Current Balance      \$	
	\$

Name and Branch	
Account Holder & Number	
Current Balance      \$	
	\$

**PROPERTY OWNED BY YOU – CONTINUED**

**CURRENT VALUE OF YOUR SHARE**

**38. Investments**

Name and Type of investment	
Full names of all owners	
Number of shares held	Your % Share

\$
----

Name and Type of investment	
Full names of all owners	
Number of shares held	Your % Share

\$
----

**39. FNPF**

Account Number:
-----------------

\$
----

**40. Other superannuation**

Name of Scheme
----------------

\$
----

**41. Life insurance Policies**

Policy Type		Policy No.	
Name of insurance company			
Full names of all owners		Your % share	

\$
----



**PROPERTY OWNED BY YOU – CONTINUED**

**CURRENT VALUE OF YOUR SHARE**

**42. Motor vehicle**

Year	Make
Model	Registration No.
Full name of Registered Owner/s	Your % share

\$

Year	Make
Model	Registration No.
Full name of Registered Owner/s	Your % share

\$

**43. Interest in a business, including a business operated by you as a sole trader, in a partnership or through a proprietary company or a trust**

Name of Business
Address of Business
Your % share

\$

Business type (Mark [X] which applies)

- Sole trader  
  Partnership  
  Proprietary company/trust

**44. Household contents**

\$

**45. Other personal property**

Specify
Your % share

\$

**46.**

**TOTAL VALUE OF PROPERTY OWNED BY YOU WRITE THIS ITEM 44 TOTAL AT ITEM 2C ON PAGE 2 OF THIS FORM**

\$

**Part J Your liabilities**

**47. Home mortgage**

	Full names of all borrowers	<b>AMOUNT OF YOUR SHARE</b>
	Your % share	\$

**48. Other mortgages**

	Full names of all borrowers	<b>AMOUNT OF YOUR SHARE</b>
	Your % share	\$

**49. Total income tax assessed for the current financial year**  
 Date due      /      /

	\$
--	----

**50. Total income tax assessed and unpaid in previous financial years**

	\$
--	----

**51. Loans**

	Name of Lender	<b>AMOUNT OF YOUR SHARE</b>
		\$

Type of loan

Overdraft       other (specify)

Personal loan

	Full names of all borrowers	
	Your % share	

**52. Credit/charge cards**

	Specify card provider and type	\$
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	Specify card provider and type	\$
--	--------------------------------	----

**53. Hire purchase/ Lease**

	Name of Lender	<b>AMOUNT OF YOUR SHARE</b>
	Date of final payment      /      /	\$

	Full names of all persons named in the agreement	
	Your % share	

	Name of Lender	<b>AMOUNT OF YOUR SHARE</b>
	Date of final payment      /      /	\$

	Full names of all persons named in the agreement	
	Your % share	

**YOUR LIABILITIES - CONTINUED**

**AMOUNT OF YOUR SHARE**

**54.** Other personal liabilities

Specify

\$

Full name of any other liable person

Your % share

**55.** Other personal business liabilities

Specify

\$

Full name of any other liable person

Your % share

**56.** TOTAL LIABILITIES WRITE THIS ITEM 56 TOTAL AT ITEM 2D ON PAGE 2 OF THIS FORM

\$

**Part K Financial resources**

**57.** Interest in any trust or deceased Estate

Specify

\$

**58.** Interest in land that is inalienable (see s.162(3)(b) of the Family Law Act)

Specify

\$

**59.** Other financial resources

Specify

\$

**60.** TOTAL FINANCIAL RESOURCES WRITE THIS ITEM 60 TOTAL AT ITEM 2E ON PAGE 2 OF THIS FORM

\$

**Part L About disposal of property**

**61.** Specify property, disposed of by you or on your behalf, or by or on behalf of a legal entity or trust of which you have direct or indirect control, in the 12 months before separation and since your separation

Item	How disposed of	Value/amount received

