

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)

For Probate cases only

Name of deceased

Date of death

 / /

2. Your details

Title

 Mr Mrs Miss Ms Other

Your address

Surname/family name

First and middle names

Date of birth

 / /

Postcode

3. Full remission based on permitted benefits

Remission 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

Remission 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

Remission 3

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

Name of court/ Probate Office

Evidence for remission 1 2 3

Reference number

Court/Probate fee £

Form number

Amount remitted £

Signature

Contribution £

Band Date

Amount to pay £

Compliance control

Signature

Date