



# Statement of Financial Circumstances (Child support reviews)

Your financial circumstances are relevant to the AAT's decision. This form must be completed and returned to the AAT within 14 days. Details about how to submit this form are at the end of this form.

Call 1800 228 333 or use the National Relay Service ([www.relayservice.gov.au](http://www.relayservice.gov.au)) if you have any questions about completing this form. A copy of this document is also available on our website:

[www.aat.gov.au/social-services-child-support-division/forms/child-support-forms](http://www.aat.gov.au/social-services-child-support-division/forms/child-support-forms)

**Please note that any information collected by the tribunal will be made available to all other parties to the review, including the Child Support Registrar.**

Review Number: \_\_\_\_\_

## PART A Your personal details

1.

Last name	First name

## PART B Financial Summary

**IMPORTANT:** As you complete the rest of this form you will be asked to transfer the totals for Parts D, F-K to this summary

2.

i.	Your total average income (THIS IS THE FIGURE AT ITEM 16)	\$
ii.	Total value of property owned by you (THIS IS THE FIGURE AT ITEM 27)	\$
iii.	Total gross value of your superannuation (THIS IS THE FIGURE AT ITEM 28)	\$
iv.	Total of your liabilities (THIS IS THE FIGURE AT ITEM 37)	\$
v.	Total of your financial resources (THIS IS THE FIGURE AT ITEM 39)	\$
vi.	Your total personal expenditure (THIS IS THE FIGURE AT ITEM 46)	\$
vii.	Your total household expenditure (THIS IS THE FIGURE AT ITEM 48)	\$

## STATEMENT

I declare that the information on this form is complete and correct.

**Signature:**..... **Date:** .....

## 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?**

STATE POSTCODE PHONE

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

YEARS MONTHS DAYS

7. **Your employment status?**

☐ FULL-TIME ☐ PART-TIME ☐ PERMANENT ☐ CASUAL ☐ ON CONTRACT

8. **Are you self-employed?**

☐ NO ☐ YES - STATE THE NAME OF THE BUSINESS / COMPANY / PARTNERSHIP / TRUST

**NAME:**

**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.

9. **Total salary or wages before tax**

AVERAGE WEEKLY AMOUNT \$

10. **Investment income before tax**

INCOME TYPE (e.g. rent, interest, dividend) \$

INCOME TYPE (e.g. rent, interest, dividend) \$

**AVERAGE WEEKLY AMOUNT**

11. **Income from business/partnership/company/trust** \$

NAME OF BUSINESS/  
PARTNERSHIP/COMPANY/TRUST

TYPE OF BUSINESS

ADDRESS OF BUSINESS/  
PARTNERSHIP/COMPANY/TRUST

STATE POSTCODE

AVERAGE WEEKLY AMOUNT \$

**AVERAGE WEEKLY AMOUNT**

<b>12.</b>	<b>Government benefits</b>		
	TYPE OF BENEFIT		\$
	TYPE OF BENEFIT		\$

<b>13.</b>	<b>Maintenance/child support</b>		
	PAID BY		<b>ACTUALLY RECEIVED</b>
	FOR THE BENEFIT OF	Required to be paid \$	\$

<b>Maintenance/child support</b>		
PAID BY		<b>ACTUALLY RECEIVED</b>
FOR THE BENEFIT OF	Required to be paid \$	\$

<b>14.</b>	<b>Benefit from employment/business</b>		
	TYPE OF BENEFIT		\$
	TYPE OF BENEFIT		\$

<b>15.</b>	<b>Other income</b>		
	PAID BY		\$
	TYPE OF BENEFIT		

<b>16.</b>	<b>TOTAL AVERAGE WEEKLY INCOME</b>	\$
<b>WRITE THIS ITEM 16 TOTAL AT QUESTION 2 (i) ON PAGE 1 OF THIS FORM</b>		

<b>PART E</b>	<b>Other income earners in your household</b>
---------------	---

**17.** 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
		\$

## CURRENT VALUE OF YOUR SHARE

18.	<b>Home</b>		\$
	FULL NAME OF THE REGISTERED OWNERS		
	YOUR % SHARE		
19.	<b>Other real estate</b>		\$
	REGISTERED OWNERS		
	YOUR % SHARE		
	REGISTERED OWNERS		\$
	YOUR % SHARE		
20.	<b>Funds in banks, building societies, credit unions or other financial institutions</b>		
	CURRENT BALANCE	\$	\$
	CURRENT BALANCE	\$	\$
	CURRENT BALANCE	\$	\$
21.	<b>Investments</b>		
	YOUR % SHARE		\$
22.	<b>Life insurance policies</b>		
	YOUR % SHARE		\$
23.	<b>Motor vehicle</b>		
	YEAR	MAKE	\$
	MODEL		
	YOUR % SHARE		
	YEAR	MAKE	\$
	MODEL		
	YOUR % SHARE		
24.	<b>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</b>		
	NAME OF BUSINESS		\$
	ADDRESS OF BUSINESS		
	YOUR % SHARE		

Business type (Mark [X] which applies) ☐ Sole Trader ☐ Partnership ☐ Proprietary company/trust

25.	Household contents	\$
26.	Other personal property	\$
	SPECIFY	
	YOUR % SHARE	
27.	<b>TOTAL VALUE OF PROPERTY OWNED BY YOU</b> <b>WRITE THIS ITEM 27 TOTAL AT QUESTION 2 (ii) ON PAGE 1 OF THIS FORM</b>	
		\$

**PART G Superannuation**

		<b>GROSS VALUE</b>
28.	Interest in superannuation	
	NAME OF SUPERANNUATION PLAN	\$
	TYPE OF INTEREST <input type="checkbox"/> Accumulated interest <input type="checkbox"/> Retirement saving account <input type="checkbox"/> Partially vested accumulation interest <input type="checkbox"/> Small superannuation interest <input type="checkbox"/> Defined benefit interest <input type="checkbox"/> Percentage only interest <input type="checkbox"/> Self-managed fund <input type="checkbox"/> Approved deposit fund	
	INFORMATION ABOUT ANY OTHER SUPERANNUATION PLANS	\$
	<b>TOTAL VALUE OF YOUR SUPERANNUATION</b> <b>WRITE THIS ITEM 28 TOTAL AT QUESTION 2 (iii) ON PAGE 1 OF THIS FORM</b>	
		\$

**PART H Your Liabilities**

		<b>AMOUNT OF YOUR SHARE</b>
29.	Home mortgage	\$
	FULL NAME OF ALL BORROWERS	
	YOUR % SHARE	
30.	Other mortgages	\$
	FULL NAME OF ALL BORROWERS	
	YOUR % SHARE	

31. Total income tax assessed and unpaid for the most recent financial year \$

Date due                    /           /

32. Total income tax assessed and unpaid in previous financial years \$

33. 

<b>Loans</b>	NAME OF LENDER	\$ <input type="text"/>
--------------	----------------	-------------------------

TYPE OF LOAN (Mark [X] which applies)    ☐ over draft    ☐ personal loan    ☐ other (specify)

FULL NAME OF ALL BORROWERS

YOUR % SHARE

34. 

<b>Credit/charge cards</b>	
SPECIFY CARD PROVIDER AND TYPE	\$ <input type="text"/>
SPECIFY CARD PROVIDER AND TYPE	\$ <input type="text"/>

35. 

<b>Other personal liabilities</b>	\$ <input type="text"/>
SPECIFY	
FULL NAME OF OTHER LIABLE PERSON	
YOUR % SHARE	

36. 

<b>Other personal business liabilities</b>	\$ <input type="text"/>
SPECIFY	
FULL NAME OF OTHER LIABLE PERSON	
YOUR % SHARE	

37. **TOTAL LIABILITIES** \$   
**WRITE THIS ITEM 37 TOTAL AT QUESTION 2 (iv) ON PAGE 1 OF THIS FORM**

**PART I**

**Financial resources**

38. 

<b>Other financial resources</b>	\$ <input type="text"/>
SPECIFY	

39. **TOTAL FINANCIAL RESOURCES** \$   
**WRITE THIS ITEM 39 TOTAL AT QUESTION 2 (v) ON PAGE 1 OF THIS FORM**

**PART J Personal expenditure**

**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**

**40. Total income tax** \$

**41. Superannuation** \$  
PLAN NAME

**42. Life Insurance premiums** \$  
TYPE OF POLICY

**43. Maintenance payments/child support** \$  
PAID FOR THE BENEFIT OF

☐ assessment ☐ agreement ☐ order

AMOUNT OF ASSESSMENT, AGREEMENT OR ORDER

\$

**44. Minimum credit card payments** \$  
CARD TYPE Minimum payment \$  
**NAME OF COMPANY**

**45. Health insurance premiums** \$  
NAME OF HEALTH FUND

**46. TOTAL PERSONAL EXPENDITURE** \$  
**WRITE THIS ITEM 46 TOTAL AT QUESTION 2 (vi) ON PAGE 1 OF THIS FORM**

**47. Average weekly expenses**

**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.

ITEM	TOTAL	FOR YOU	FOR CHILDREN (IF APPLICABLE)	OTHER ADULTS (IF APPLICABLE)
Food	\$	\$	\$	\$
Rent / Mortgage	\$	\$	\$	\$
Household supplies	\$	\$	\$	\$
House repairs	\$	\$	\$	\$
Gas	\$	\$	\$	\$
Electricity	\$	\$	\$	\$
Heating fuel	\$	\$	\$	\$
Water charges	\$	\$	\$	\$
Telephone	\$	\$	\$	\$
Council Rates & Levies	\$	\$	\$	\$
Motor vehicle				
- petrol	\$	\$	\$	\$
- maintenance	\$	\$	\$	\$
- registration	\$	\$	\$	\$
Fares / car parking	\$	\$	\$	\$
Clothing and shoes	\$	\$	\$	\$
Children's activities	\$	\$	\$	\$
Child minding	\$	\$	\$	\$
Medical, dental and optical (not including health insurance premiums)	\$	\$	\$	\$
Insurance (excluding health / life)	\$	\$	\$	\$
Entertainment / hobbies	\$	\$	\$	\$
Holidays	\$	\$	\$	\$
Education expenses, including fees and levies	\$	\$	\$	\$
Chemist / pharmaceutical	\$	\$	\$	\$
Gardening / lawn mowing	\$	\$	\$	\$
Cleaning (house / pool)	\$	\$	\$	\$
Repairs – furnishings and appliances	\$	\$	\$	\$
Dry cleaning	\$	\$	\$	\$
Books and magazines	\$	\$	\$	\$
Gifts	\$	\$	\$	\$
Hairdressing, toiletries	\$	\$	\$	\$
Other necessary commitments (specify)	\$	\$	\$	\$
<b>TOTAL</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>

**48.****TOTAL HOUSEHOLD EXPENDITURE**

\$

**WRITE THIS ITEM 48 TOTAL AT QUESTION 2 (vii) ON PAGE 1 OF THIS FORM**



You should set out here or on an additional page any item that you may not be able to include in any section of the document. Please include the part and paragraph number that it continues from.