Form 2.52 Statement of enforcement debtor's financial position

Court Procedures Rules 2006

(see r 2106 (Enforcement hearing—statement of enforcement debtor's financial position))

In the *[Supreme/Magistrates] Court of the Australian Capital Territory

No *[SC/MC] of (year)

(name)

Enforcement creditor

(name)

Enforcement debtor

On (date), I (full name of person making statement) of (home or business address or place of employment), *[say on oath/solemnly affirm]—

- 1. The information in this statement and any attachments that is within my personal knowledge is true. If I have given any estimate in this statement, it is based on my personal knowledge and is given honestly. All other information given in this statement and any attachments is true to the best of my knowledge.
- 2. The enforcement debtor has no income, property or financial resources other than as set out in this statement.

Filed on behalf of the enforcement debtor by:

(the enforcement debtor's address for service and telephone number (if any) or, if the enforcement debtor is represented by a solicitor and the solicitor is the agent of another solicitor, the name and place of business of the other solicitor)

Approved form under Court Procedures Act 2004, s 8

(All questions must be answered. Use the word 'nil' if appropriate. Estimates can only be given if, after reasonable inquiry, you cannot give an accurate answer. Any estimates must have the letter 'E' inserted before the amount shown.)

3. Income

(Give all amounts on a weekly basis. If payments are irregular, give average weekly payments over the last 12 months)

3.1	Income from employment (including self-employment)	
	occupation:name of employer(s):address of employer(s):	
	Current gross wage, including overtime and loadings (before tax and other deductions)	\$
	Other benefits and allowances received from your employer(s) (eg car, telephone, commission, expense account) stating nature and value	
		\$
3 2	If unamployed state	

- 3.2 If unemployed, state—
 - length of last employment:
 - date last employment ceased:
 - name and address of last employer:
 - gross weekly earnings with last employer:

3.3	Pensions and benefits	
	If receiving pension, benefit or other payment from Department of Social Security or Veterans' Affairs, state type of payment and amount per week Type of payment	\$
3.4	Other income	
	Dividends	\$
	Interest from banks, building societies, credit unions, shares etc	\$
	Money from trusts or estates	\$
	Drawings from businesses, partnerships, companies or trusts	\$
	Rent or board payments received	\$
	Workers compensation payments received	\$
	Maintenance payments received (child or domestic partner)	\$
	Superannuation payments received	\$
	Any other income from any source (give details)	\$
		\$

Total gross weekly income	\$
If you are expecting to receive a lump sum payment in the foreseeable future, give further details including the amount and expected date of receipt of the payment	\$
Are you expecting your income to be more or less in the next 12 months?	
If the enforcement debtor receives regular payments, for example, wages or social security benefits, you must state the amount and date of receipt of the last 4 payments 1	\$ \$ \$
If these payments were paid to the enforcement debtor by payment into an account with a financial institution, you must state the following: - name of the financial institution: - account number: - any other details necessary to identify the account:	Ψ
4 Assets (List all property owned by the enforcement debtor or in which debtor has any interest)	the enforcement
Real estate - state address of any properties and market value.	\$ \$

Money in banks, building societies, credit unions and similar financial institutions

Name of bank etc	BSB and account number	Type of account	
			\$
			\$
			\$
Amounts on hand			\$
Life insurance policies policy number and su		insurer,	
			\$
Shares and debenture number of shares held			
Interest in business, p business, partnership	\$		
			\$
Motor vehicles and v year, any registration value			
			\$
			\$
Examiltana and athemb	avankald aaada		\$
Furniture and other h	ousenoia goods –	- market value	\$
Personal property – s			***************************************
			\$
Amounts owing to the	e enforcement de	btor from	
other sources – state			
			\$ \$
Interest in any deceas details including nam the enforcement debt	sed estate or trust e of estate or trus	- state full st and value of	ψ

	trust	
	Superannuation – state full details including name of fund, membership number, benefits payable on retirement etc	\$
5	Liabilities and other financial obligations	
(Stat	Weekly expenses te amounts on a weekly basis. If payments are irregular, startly expenses over the last 12 months)	ite average
	Income tax (including medicare levy)	\$
	Superannuation deductions	\$
	Accommodation expenses (including, for example, rent, board, hospital or nursing home charges but excluding mortgage payments listed under item 5.2) – state to whom paid	\$
	Rates (general, and water and sewerage)	\$
	House maintenance and repairs	\$
	Food and general household supplies	\$
	Electricity, gas and phone	\$
	Land tax	\$
	Child care costs (necessary for the purpose of earning an income)	\$

	Child maintenance actually paid	\$
	Medical, dental, optical, ambulance and pharmacy	\$
	Clothing and shoes	\$
	School fees and other educational expenses	\$
	Insurance policy premiums – state types of insurance	\$
	Public transport fares	\$
Motor vehicle (including, for example, registration, insurance, maintenance, NRMA expenses, parking and running expenses) Entertainment and other recreational expenses		\$
		\$
	Union or association fees – state details	\$
	Any other weekly expenses – state details	\$ \$ \$
5.2	Debts owing	
	Mortgage or overdraft debts:	
	Payable to Total amount owing A	verage weekly ayment
	Credit card, loan, hire purchase, store account and any to someone else:	other debt owed

Payable to	Total amount owing	
	¢	payment
	·	
	\$	
	\$	\$
Total weekly liab	pilities	\$
details:	n has any interest in any of the a	
(items 7 and 8 must be co	ompleted only if the person maki	ing the statement is the
,	onship status) and was born on (s	state date of hirth)
,	c partner is (state name of domes	ě
Name	Age Re	elationship
9 Cive details of an	ve ather airconnectoness that affect	t voor or voor fomily?
	y other circumstances that affect	
	• • • • • • • • • • • • • • • • • • • •	
*[Sworn/Affirmed] by (fi	ull name):	
(signature of person mak	ing statement)	

at (place) in the presence of:

(signature of person before whom statement is made)

(full name of person before whom statement is made) of (address)

*[Justice of the Peace/Barrister/Solicitor/(other)]

Note

If the affidavit is longer than a page, the person making the affidavit and the person taking the affidavit must sign or initial each page of the affidavit (see r 6715 (1) (Affidavit—taking of)).

Notes

- 1. You must complete this document, have it sworn, and file the completed document in the Court, at least 8 days before the day of the enforcement hearing.
- 2. You must still attend the Court on the date and at the time set for the enforcement hearing unless you receive written notice from the enforcement creditor that your attendance is no longer required.
- 3. Failure to complete and file a statement as required may be contempt of court and you may be dealt with accordingly.

*omit if, or whichever is, inapplicable