



07/18 form 40
Funding Declaration Form

Family Dispute Resolution & Family Legal Advice Service

Please note: This form does not need to be completed if you have had funding approved for Family Dispute Resolution or the Family Legal Advice Service in the last 12 months, and your financial situation has not changed.

For more information see www.justice.govt.nz/family or call 0800 2AGREE (0800 224 733)

1. Applicant Personal Details

*Compulsory Questions

Title : Dr Mr Mrs Ms Miss
 * First name(s): * Surname:
 Gender Male Female Gender diverse * Date of birth:

Home address:

Email address:

Contact phone number(s):

* Do you have a dependent spouse, civil union or de facto partner who has no source of income? No Yes

* Do you have any dependent children? No Yes * How many?

2. Applicant Eligibility Details

What is your estimated annual income (before tax and other deductions)? \$.....

Please tick one of the following:

- I have received a grant of civil or family legal aid within the past 12 months and my financial circumstances have not changed since I was approved for this grant of legal aid.
- My estimated annual income before tax and other deductions is below the funding income threshold (see Section 3 for details)
- My income has changed in the past 3 months, and is below the funding income threshold

Please attach proof of eligibility (see Section 6 for examples of proof required)

Please tell us how your income has changed in the past 3 months

3. Income Thresholds

This table will help you to determine your eligibility for services

Number of Dependants	Annual Income before tax and other deductions
0 - Applicant only	\$23,820
1 - Spouse/Partner or Child	\$37,722
2 - Spouse/Partner and/or Children	\$54,245
3 - Spouse/Partner and/or Children	\$61,642
4 - Spouse/Partner and/or Children	\$68,882
5 - Spouse/Partner and/or Children	\$77,002
6 or more	Plus \$7,124 per additional

Note: Spouse or partner in this instance must have no income to be taken into account

4. Privacy Statement for Applicant

The information you provide in this form is being collected to assess your eligibility for funded out of court family justice services. Your information may be used by

- the Ministry of Justice (including judges and court staff)
- your out of court family justice service provider
- the organisation that employs or engages your out of court family justice service provider

to determine your eligibility for funding, provide and/or manage out of court family justice services, or to validate the accuracy of information provided.

The information you provide may also be disclosed to third parties when we believe in good faith that we are required to do so by law.

You have the right to ask for a copy of any personal information we hold about you, and to request correction of that information if you think it is wrong. To request a copy of your information, or to have it corrected, contact us at:

Address: Provider and Community Services, Ministry of Justice, SX10088, Wellington

Email: RMS.Family@justice.govt.nz

5. Applicant Declaration

I acknowledge that:

- I must attach evidence to support the information required by this application
- The information that I have provided is true and correct
- If I provide false or misleading information, my funding may be revoked and I may be prosecuted
- If I am subsequently found to be ineligible for funding I may be required to repay the Ministry of Justice for the funded services I have received
- The assessment of my eligibility will use the information that applies to the 3 month period before the date of this application
- My eligibility for funding may be checked by other out of court service providers to assess my eligibility to receive the free family justice services they may provide

I understand that:

- If circumstances change that may affect my eligibility for funding, I must immediately inform my family justice service provider who will re-administer the eligibility test using the updated information
- If this family dispute progresses to court, any application for legal aid may be compared with the information provided in this funding application for the purposes of auditing funding applications
- Any information relating to me and my family dispute that is obtained or recorded by a family justice service provider may be subject to an audit or investigation
- Copy of this form will be retained by the provider for audit purposes

I authorise the collection and use of the information I have provided in accordance with the "Privacy Statement for Applicant" set out in Section 4 and acknowledge that the consequences of not providing such information may result in ineligibility to receive free out of court family justice services.

.....
Applicant's name (print)

.....
Signature

.....
Date

Please send the signed and completed form to your service provider

6. Applicant Checklist

Check you have:

- Completed sections 1 & 2 above**
- Given your provider:**
 - proof of your income**, for example:
 - letter from employer or payslip
 - bank statements for the last 3 months
 - letter from NZ Work and Income
 - copy of your most recent tax return
 - OR**
 - proof that you have been granted civil or family legal aid in the previous 12 months**
- Read the Privacy Statement for Applicant in Section 4**
- Read and signed the Applicant Declaration in Section 5**

7. Service Provider Confirmation *(for office use only)*

I confirm that:

- The applicant in this application qualifies for funding
- I have retained a copy of this for my records

.....
Service Provider name (print)

.....
Signature

.....
Date

.....
Supplier name (print)

Type of Service (tick one)

- Family Legal Advice Service Family Dispute Resolution

8. Service Provider Checklist *(for office use only)*

Before you approve this application, check you have:

- Retained a copy of the applicant's proof of eligibility for funding**

9. Resolution Management System *(for office use only)*

Entered into Resolution Management System by:
(Print name)

Date entered into Resolution Management System: