

## Statement of financial affairs - INDIVIDUAL

A STATEMENT OF FINANCIAL AFFAIRS IS TO BE COMPLETED AND SUBMITTED  
WITH ALL PAYMENT INSTALLMENT OFFERS FOR CONSIDERATION.

All questions must be answered. If there is insufficient space, write details on additional sheets of paper and attach same to this document. Use the word "Nil" if appropriate. Estimates can only be given if, after reasonable enquiry, you are unable to give an accurate answer. Any estimates should have the letter "E" inserted before the amount shown.

<b>Name</b>	_____	_____
	First name	Last name

Of

<b>Address:</b>	_____
	_____

states on oath [or: solemnly and sincerely affirms and declares]:

1. The information in this Statement of financial affairs and in any attachments within my personal knowledge is true. Where I have given an estimate in this statement, it is based on my personal knowledge and is given in good faith. All other information given in this statement and any attachments is true to the best of my knowledge, information and belief.

2. The respondent has no income, property or financial resources other than as set out in this statement.

### 3. INCOME

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

#### 3.1 Employment Income:- *(list ALL employers and ALL income)*

Occupation (Job title)	Name of employer(s)	Address of employer(s)	Current gross wage, including overtime and loadings (before tax and other deductions)
1.			\$.....
2.			\$.....
3.			\$.....
4.			\$.....

Other benefits and allowances received from your employer/s  
(e.g. car, telephone, commission, expense account) stating nature and value

1.	\$.....
2.	\$.....
3.	\$.....
4.	\$.....

#### 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, benefits or other payment from the Department of Social Security (including but not limited to family payments) or Department of Veterans Affairs, state type of payment and amount per week:	<b>Type of payment:</b> _____	<b>Amount per week:</b> \$.....
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### 3.4 Other income

Dividends	\$.....
Interest from banks, building societies, credit unions, shares, etc.,	\$.....
Money from trusts/estates	\$.....
Drawings from business, partnership, company and trusts	\$.....
Rent or board payments received	\$.....
Worker's Compensation payments received	\$.....
Maintenance payments received (child or spouse)	\$.....
Superannuation payments received	\$.....
Any other income from any source (give details)	\$.....

<b>TOTAL GROSS WEEKLY INCOME</b>	<b>\$.....</b>
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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:	
1.	\$.....
2.	\$.....
3.	\$.....
4.	\$.....

If you receives regular payments, for example, wages or social security benefits, you must state (1) the date and (2) the amount of receipt of the last 4 payments:	
1. <i>Date:</i>	\$.....
2. <i>Date:</i>	\$.....
3. <i>Date:</i>	\$.....
4. <i>Date:</i>	\$.....

If these payments were paid to the respondent by payment into an account with a financial institution, you must state (1) the name of the financial institution, (2) the Branch & BSB number and (3) the account number.		
<i>Name:</i>	<i>Branch / BSB:</i>	<i>Account Number:</i>

### 5. ASSETS

You must list all property owned by you or in which you have any interest. If any other person has any interest in any of the assets please give full details.

Real Estate - state (1) address of any properties and (2) market value	
<i>Address:</i>	<i>Market value:</i>
1.	\$.....
2.	\$.....
3.	\$.....
4.	\$.....

Money (Cash) on hand	\$.....
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**ASSETS (Cont.)**

Money in banks, building societies, credit unions and similar financial institutions - state (1) name of institution, (2) Account name, (3) Branch / BSB, (4) Account number and (5) amount in account

<i>Name of institution</i>	<i>Account name</i>	<i>Branch / BSB</i>	<i>Account number</i>	<i>Amount in account</i>
1.				\$.....
2.				\$.....
3.				\$.....
4.				\$.....

Shares and debentures - state name of corporation, number of shares held and market value

	<i>Corporation</i>	<i>No of shares</i>	<i>Market value:</i>
1.			\$.....
2.			\$.....
3.			\$.....
4.			\$.....

Interest in business, partnership etc.- state (1) name of business, (2) partnership and (3) market value.

	<i>Name of business</i>	<i>Partnership</i>	<i>Market value</i>
1.			
2.			
3.			
4.			

Motor vehicles and vessels - state (1) Make, (2) Model & year, (3) Registration number and (4) Current market value

<i>Make</i>	<i>Model &amp; Year</i>	<i>Registration number</i>	<i>Current Market Value</i>
1.			\$.....
2.			\$.....
3.			\$.....
4.			\$.....

Furniture and other household goods - state details and market value:

\$.....

Personal property - state details and market value

\$.....

Money owing to the respondent from other sources - state who owes money

1.	\$.....
2.	\$.....
3.	\$.....

**5 LIABILITIES AND OTHER FINANCIAL OBLIGATIONS:**

**5.1 Weekly expenses**

State amounts on a weekly basis. If payments are irregular state average weekly expenses over the last 12 months

Income Tax (including Medicare levy) \$.....

Superannuation deductions \$.....

Accommodation expenses (including, rent, board, hospital, nursing home etc. but \$.....

excluding mortgage payments which are listed in 5.2) - state to whom paid Paid to: \_\_\_\_\_

Local government rates \$.....

House maintenance and repairs \$.....

Food and general household supplies \$.....

Electricity \$.....

Gas \$.....

Telephone (including mobile phone) \$.....

Land tax \$.....

Child care costs (necessary for the purpose of earning an income) \$.....

Child maintenance actually paid \$.....

Medical and Hospital Insurance (eg MBF, Medibank Private etc.) \$.....

Medical, dental, optical, ambulance and pharmacy \$.....

**Weekly expenses (Cont.)**

Clothing and shoes	\$.....
School fees and other educational expenses	\$.....
Insurance policy premiums - state types of insurance	\$.....
Public Transport fares	\$.....
Motor Vehicle (including registration, insurance, maintenance and running expenses)	\$.....
Entertainment and other recreational expenses	\$.....
Union or association fees	\$.....
Any other weekly expenses - state details	\$.....
1.	\$.....
2.	\$.....

**5.2 Debts owing:**

Mortgage or overdraft debts:

<i>Payable to</i>	<i>Total amount owing</i>	<i>Average weekly payment</i>
1.	\$.....	\$.....
2.	\$.....	\$.....
3.	\$.....	\$.....

Credit card, loan, hire purchase, store account and any other debt which is owed to another:

<i>Payable to</i>	<i>Total amount owing</i>	<i>Average weekly payment</i>
1.	\$.....	\$.....
2.	\$.....	\$.....
3.	\$.....	\$.....
4.	\$.....	\$.....

<b>TOTAL GROSS LIABILITIES</b>	<b>\$.....</b>
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I am \_\_\_\_\_ and was born on the \_\_\_\_/\_\_\_\_/\_\_\_\_  
(state marital status) (state date of birth).

The name of my spouse is \_\_\_\_\_  
(insert name of any spouse).

The persons listed below are totally dependent upon me:

<i>Name:</i>	<i>Age:</i>	<i>Relationship:</i>
1.		
2.		
3.		

Sworn [or: Affirmed] by \_\_\_\_\_  
(full name)

on \_\_\_\_/\_\_\_\_/\_\_\_\_ at \_\_\_\_\_  
(Location)

in the presence of (Justice of the Peace)\*

\_\_\_\_\_  
 Deponent

\_\_\_\_\_  
 Justice of the Peace

\* [who certifies that the affidavit was read in the presence of the deponent who seemed to understand it, and signified that that person made the affidavit]

\* [who certifies that the affidavit was read in the presence of the deponent who seemed to understand it, and signified that that person made the affidavit, but was physically incapable of signing it]