Magistrates' Court of Victoria

Application for Payment Order

INFRINGEMENTS ACT 2006 | Section 76

All relevant sections must be completed in **BLOCK LETTERS**.
The information provided in this application will only be used and supplied to other agencies in accordance with privacy legislation.

PERSONAL DETAILS

1. Your Contact Details

☐ Mr ☐ Mrs ☐ Ms ☐ Miss Other

Last name or Family name (i.e. Surname)

First or Given name(s)

Current residential address

Postcode

Current postal address
(if the same as your residential address write 'As above')

Postcode

Email address

Date of birth

D D / M M / Y Y Y Y

Phone (Mobile)

Phone (Work)

Phone (Home)

2. Driver Licence Details

Driver Licence number

State of issue

Car Registration(s)

OR

☐ I do not hold a current driver licence

3. Reference Number

E.g. Obligation Number, Case Number or Warrant Number*

* Only one reference number is required. It is assumed that your application applies to all your outstanding Enforcement Orders and/or Infringement Warrants.

4. What are you requesting?

☐ Additional time to pay the matter in full (Go to question 5).

☐ To pay the outstanding balance by instalments in a payment plan (Go to question 6).

5. Additional time to pay

I will pay the full amount by*

D D / M M / 2 0 Y Y

* Not more than 3 months from the date of the application

Go to question 10

6. Are you currently on a Centrelink Payment?

Yes ☐ Go to question 7

No ☐ Go to question 8

7. Would you like your instalment payments to be automatically deducted from your Centrelink Payment via Centrepay?

Centrepay is a free and voluntary bill-paying service for Customers receiving Centrelink payments. It allows Customers to pay a variety of bills as regular deductions from their Centrelink payments.

No ☐ Go to question 8

Yes ☐ Please provide your Centrelink Reference Number and your preferred payment type

Centrelink Reference Number

List your payment type (e.g. Newstart Allowance)

WARNING | Section 167 of the *Infringements Act 2006* states that a person must not intentionally provide false or misleading information in any written statement required by or under that Act. **PENALTY: 10 PENALTY UNITS**

If the Infringements Registrar finds a statement to be false or misleading, any existing payment order may also be cancelled.

If your application is granted and you do not make each instalment payment by the due date, the Court will issue a warrant for the full amount owing against each outstanding enforcement order applicable and you may incur additional costs.

REMEMBER | It is your responsibility to ensure that each payment is made on or before the due date.

PLEASE ENSURE EACH SECTION IS COMPLETED BY USING THE CHECKLIST TO YOUR RIGHT AS A GUIDE.

☐ Personal Details ☐ Financial Details ☐ Evidence Attached

VICTORIA State Government

FINANCIAL DETAILS

8. What is the maximum amount you could pay?

× Fortnightly

Maximum amount payable (fortnightly)*

$. 0 0

*** Centrepay payments MUST be fortnightly**

× Monthly

Maximum amount payable (monthly)

$. 0 0

Preferred Starting Date of repayments

D D / M M / 2 0 Y Y

9. Direct Debit Payment

Are you interested in establishing a direct debit arrangement with your bank / financial institution?

Yes × No ×

10. Please provide details of your income

INCOME (Fortnightly after tax)	
Wages/Salary	$
Government Benefit / Pension / Other Allowances	$
Other Income (e.g. Income from rental properties, investments, family member, friends etc)	$
TOTAL FORTNIGHTLY INCOME	**$**
Money in Bank / Building Society / Credit Union	$

11. Please provide details of your Assets & Liabilities

Property	Value	Amount Owing
House(s)	$	$
Car(s)	$	$
Other property (boat/caravan)	$	$
Other Debts (credit cards/ personal loans)	$	$
TOTAL		

12. Please provide details of your expenses

EXPENSES (Fortnightly after tax)	
Rent/Mortgage/Board (please circle)	$
Food	$
Electricity/Gas/Water/Telephone	$
Car Expenses	$
Public Transport	$
Medical Expenses	$
Other Expenses (give details)	
	$
	$
TOTAL FORTNIGHTLY EXPENSES	**$**

13. Exceptional Financial Circumstances

Please provide any exceptional financial circumstances you would like to be considered for this application and attach any supporting documentation. If you have failed to comply with a previous arrangement, please supply the reasons in this section.

DECLARATION

I declare that the contents of this application are true and correct to the best of my knowledge.

I understand that my application will be assessed based on the information I have provided.

DATE AND SIGN HERE D D / M M / 2 0 Y Y

UPON COMPLETION | Mail to Infringements Court, PO Box 14487, Melbourne 8001. You should receive a response within 20 working days from receipt of your application.

FURTHER ENQUIRIES | If you have any questions regarding this application, please contact Civic Compliance Victoria® on (03) 9200 8222.

TRANSLATION ASSISTANCE | If you do not understand this form, you may seek assistance from

- An Infringements Registrar
- A Legal Representative (Solicitor / Barrister)
- Victoria Legal Aid
- An Interpreter
- A Community Legal Centre