Application for a fee remission

Ref. no. (staff use only)

Protect Personal Data - EX160	Please read the EX160A booklet 'Court and Tribunal fees - Do I have to pay them?' Failure to provide the correct evidence will result in your application being refused. Please complete this form in CAPITAL LETTERS			
1. About the case		For Probate cases only		
Case, claim or notice to pay number (leave blank if this is a new case/claim)		Name of deceased		
What is the title or number of the form to which your fee remission relates?				
Name of claimant(s)/petitioner(s)/ applicant(s)		Date of death		
Name of defendant(s)/ respondent(s)				
If applicable, give address of the property to which the dispute relates				
2. Your details				
Title (preferred)	Mr Mrs Miss Ms Other	Your address		
Surname/family name				
First and middle names				
Date of birth		Postcode		
Telephone number	Email			
What is your status? Please read page 7 of the EX160A booklet for further quidance on contrary interest.	Single person Part of a couple Part of a couple – but applying for What is the contrary interest Contrary interest Contrary interest	art?		
Do you have any children?	Yes No If Yes, how many are financially dependent on			
3.For Court of Protection cases only	(Please read page 8 of the EX160A booklet for further guidance on how to co	omplete this section)		
Does your application relate to	Property and financial affairs Health and personal welfare	e Both		
Are you applying for remission based on your (the applicant's)	Remission based on the person's circumstances			
circumstances or the person the application is about?	Remission based on the applicant's circumstances -> Are yo	ou the partner of the person? Yes No		
4.Disposable capital test (This section must be completed before moving to section 5, please read page 9 of the EX160A booklet for further guidance)				
Fee to be paid	£ Disposable capital threshol	ld for this fee £		
Is your partner 61 or over? (if applicable)	Yes No			
Is your disposable capital below the threshold you have entered in	Yes No If Yes, Go to section 5 If No, you are not eligible for a fee remissi	on. Do not continue with this application unless		

you believe you have exceptional circumstances.

the box above?

	ised on permitted benefits or Scottish Civil Legal Aid granted for es (in the Employment Tribunal and Employment Appeal Tribuna		ch this fee remission	
Do you receive any of these benefits? You must provide correctly dated documentary evidence to show you receive one of these benefits. Please read page 12-13 of the EX160A booklet for further guidance on how to complete this section.		ance Income su ance Scottish C arantee (not Advi	ivil Legal Aid ce and Assistance or Way of Representation)	
6. Remission 2 — Full or part remission based on gross monthly income				
What is your gross monthly income? Gross monthly income is your total monthly income before tax and other deductions.	Paid/Self employment Money from anyone living with you – lodger/tenant, relative etc.	Applicant £	Partner £	
Excluded benefits are listed on page 17 of the EX160A booklet.	Total pensions – state, private, occupational Child benefit Other benefit – do not include excluded benefits	£ £	£ £ £	
You must provide correctly dated documentary evidence of your income. Please read page 14–15 of the EX160A booklet for further guidance on how to	Income from rents, shares, bonds, or other financial arrangements Any other income	£	£	
complete this section.	Total gross monthly income	£	£	
7. Refund				
Are you applying for a refund of a court/tribunal/probate fee paid within the last three months, or a Court of Protection fee paid in the last three months from the date of a Final Order?	Yes If Yes, what is the date you paid this fee, or date on the Court of Protection Final Order		M / Y Y Y Y	
8. Declaration and statement of tr	ıth			
Please ensure that you provide the evidence required to support your application as set out in the EX160A booklet.	I believe that the facts and information stated in this application are true. I understand that if I tell you anything untrue			
Do you want your original evidence sent back to you?	I have attached the evidence needed to suppor	rt my application. Date DDD/N	1 M / Y Y Y Y	
If Yes, please provide a correctly stamped addressed envelope.	Full name			
	Once you have completed this form, please submit it with the correct evid	lence to the relevant court,	tribunal or probate office	
— For court/probate/tribunal office	use only			
Name of court, tribunal or probate office	Threshold for fee correct Yes No	Risk controls Signature		
Reference no.	Evidence for remission 1 2	Namo		
Form no.	Fee charge applicable £] Name		
Signature	Amount remitted £	Band Date		
Name	Amount to pay £			

Amount to pay

Date approved

Date

Band