

## Application for an Instalment Plan

State Penalties Enforcement Act 1999 – Section 42(1)(b)

### Purpose of this Application

To request that the fine(s) you have received be paid in regular monthly instalments over a period of time determined by SPER.

If the Registrar of SPER identifies further unpaid fines in your name, it is assumed that your application also applies to those matters.

**1** Title

Mr  Mrs  Ms  Miss  Other

**2** What is your last name or family name?

**3** What is your first or given name(s)?

**4** What is your current residential address?

  
  
 Postcode:

**5** What is your daytime contact telephone number?

 ( )

**6** After hours number?

Mobile phone number?

**7** What is your date of birth?

 / /

**8** What is your SPER Party ID Number?

*(This has been completed for you).*

 «PARTY\_ID»

**9** What is your Queensland Driver Licence Number? *(If you don't have a Queensland Licence write 'Not Applicable' or 'N/A')*

**10** Do you receive a Centrelink Payment? *(eg. Newstart)*

No  **Go to 14**

Yes  **Go to next question**

**11** Would you like your payments to be automatically deducted from your Centrelink Payment?

No  **Go to 14**

Yes  **Go to next question**

**12** Please provide the following Centrelink Payment details.

Your Centrelink Customer Reference Number (CRN)

Your Centrelink Payment Type *(eg. Newstart)*

**13** What amount would you like deducted each fortnight from your Centrelink Payment?

*Note: A Centrepay 'Request for Deduction' Application will be sent to you.*

\$20 per fortnight  **Go to 30**

\$30 per fortnight  **Go to 30**

**14** How would you like to make your Instalment payments to SPER?

Cash/Cheque  **Go to next question**

Direct Debit  **Go to next question**

**15** How often and by what amount would you like to make your payments?

*Tick One Only*

Weekly  Amount \$

Fortnightly  Amount \$

Monthly  Amount \$

**16** Is the above amount less than \$60 per month?

No  **Go to 29**

Yes  **You will need to complete a Financial Assessment – Go to next question.**

*Note: If you do not complete the Financial Assessment (Questions 17 to 28) your application will be denied.*

*Financial Assessment - Income*

**17** Are you employed?

No  **Go to 22**

Yes  **Go to next question**

**18** What is your employer's name?

**19** What is your employer's address?

Postcode:

**20** What is your employer's contact telephone number?

**21** How much do you make each fortnight after tax?

**22** Do you receive any Government pensions, benefits or other allowances?

No  **Go to next question**

Yes  Total amount received each fortnight \$

**23** Where is your income deposited?

Name of Bank or Financial Institution

Your Account Name

Your Account Number

*Expenses*

**24** What is your fortnightly rent or mortgage repayment?

Rent  Fortnightly amount you pay

Mortgage  Fortnightly amount paid      Total still owing



**25** Approximately how much would you spend each fortnight on living expenses? (eg. groceries, telephone, electricity, car payments, school fees, etc).

**26** Do you have any credit cards? (eg. Visa, Mastercard, AGC, Myer Card, David Jones, etc.)

No  **Go to next question**

Yes  Type of card      Monthly payment

	\$
	\$
	\$

**27** Provide details of any exceptional circumstances you would like to be considered in this application.


**28** What is the maximum fortnightly amount you could pay?

**29** Checklist

Direct Debit Form  If you have chosen to pay your Instalments by Direct Debit make sure you complete **and sign** the Direct Debit Authority sent to you.

Payment Amount  If you have chosen to pay your Instalments by Direct Debit make sure the amounts and frequency of payments are the same as in Question 15

Direct Debit Service Agreement  If paying by Direct Debit keep the **Direct Debit Service Agreement** for your records.

**30** Declaration

All of the above information provided is true and correct to the best of my knowledge.

I acknowledge that failure to pay as required under an Instalment Payment Plan may result in further enforcement action and costs against me.

Signature of Applicant

Date

**Office Use Only**

Total income per fortnight	\$
Less total expenses per fortnight	\$
<b>TOTAL</b>	<b>\$</b>