##### Financial Statement

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Federal Circuit and Family Court of Australia (Family Law) Rules 2021 - RULE **6.06(5)** | | | | | | | | |
| **Please type or print clearly** and mark [**X**] all boxes that apply. Attach extra pages if you need more space to answer any question/s.  Filed in:  Federal Circuit and Family Court of Australia  Family Court of Western Australia  Other (specify)  Filed on behalf of:  Full name:Gary Steven Benson | | | | |  | | | |
|  | | | | | Client ID  File number SYC8535/2021  Filed at  Filed on  Court location  Next Court date (if known) | | | |
| This form is to be used by a party to a financial proceeding, such as property settlement, maintenance, child support or financial enforcement. | | | | | | | | |
| Part A | | **About you** | | | | | | | |
|  | What is your family name as used now? | | | Given names? | |
|  | Benson | | | Gary Steven | |
|  | | | | | |
|  | c/- Kalpaxis Legal, Suite 19, Level 3 | | | | |
|  | 27 Hunter Street, ParramattaState NSW Postcode 2150 | | | | |
| **Please tick as applicable – only one box should be selected** | | | | | |
| **AFFIDAVIT – for financial proceedings:** | | | | | |
| |  |  | | --- | --- | | I swear\* / affirm\* that: |  | | 1. I have read Rule 6.06 and I am aware that by law I have an obligation to make a full and frank disclosure of my financial circumstances to the Court and each other party. In particular, I have disclosed in this document or in an affidavit filed by me or on my behalf under Rule 6.06(6), all matters I am required to disclose under Rule 6.06. 2. The information in the financial statement and any attachments to it which are within my personal knowledge are true. Where I have given an estimate in this financial statement, it is based on my knowledge and is given in good faith. All other information given in this financial statement and any attachments is true to the best of my knowledge, information and belief. 3. I have no income, property or financial resources other than as set out in this document or any affidavit filed by me under Rule 6.06(6). | | | | | | | | | | | | |
| Your signature | | | /   /  Place Date | | | |
| Before me (signature of witness) | | | Full name of witness (please print) | | | | |
| Justice of the Peace  Notary public  Lawyer  Authorised Staff Member of the Court | | | This financial statement was prepared by:  the applicant  the respondent  lawyer | | | | |
| \* delete whichever is inapplicable | | | Heela Khatiz | | | |
|  | | | KAL6827860 | | | |
|  | | | PRINT NAME AND LAWYER’S CODE | | | |

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| --- | --- | --- |
| Part B | **Financial summary** | |
| **IMPORTANT: As you complete the rest of this form you will be asked to transfer the totals for Items D, G, I-L to this summary** | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **A** | Your total average weekly income. (THIS IS THE FIGURE AT ITEM 16) | **$** | E 460 |
|  | **B** | Your total personal expenditure. (THIS IS THE FIGURE AT ITEM 33) | **$** | E 3,139.19 |
|  | **C** | Total value of property owned by you. (THIS IS THE FIGURE AT ITEM 44) | **$** | E 4,230,556 |
|  | **D** | Total gross value of your superannuation. (THIS IS THE FIGURE AT ITEM 45) | **$** | 177,009 |
|  | **E** | Total of your liabilities. (THIS IS THE FIGURE AT ITEM 55) | **$** | 78,767 |
|  | **F** | Total of your financial resources. (THIS IS THE FIGURE AT ITEM 58) | **$** | E 85 |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Part C | | **Your employment details** | | | | | | | | | | | |
|  | What is your current occupation? | | | | | | | |  | | | | |
|  | Retired | | | | | | | |  | | | | |
|  |  | | | | | | | |  | | | | |
|  | Are you employed?  No. Go to Part D  Yes. Give details | | | | | | | |  | | | | |
| full time  part time | | | | permanently  casually | | | | | | on contract | | | |
|  | What is the name of your employer? | | | | | | | |  | | | | |
|  |  | | | | | | | |  | | | | |
|  | | | | | | | | | | | | | |
|  | What is the address of your employer? | | | | |  | |  | | | | | |
|  |  | | | | | | | | | | | | |
|  | STATE | | | | POSTCODE | | | | | | | PHONE | |
|  | | | | | | | | | | | | | |
|  | How long have you been employed at this place? | | | | | | YEARS | | | | MONTHS | | DAYS |
|  | | | | | | | | | | | | | |
|  | Are you self-employed? | | | | |  | |  | | | | | |
|  | **No**  **Yes STATE THE NAME OF THE BUSINESS / COMPANY / PARTNERSHIP / TRUST** | | | | | | | | | | | | |
|  |  | |  | | | | | | | | | | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Part D | | **Your income** | | | | | |
| **NOTE:** GIVE WEEKLY AMOUNTS IN WHOLE DOLLARS. IF THE AMOUNT FOR AN ITEM IS NIL, WRITE ‘**NIL**’.  IF YOU CAN ONLY GIVE AN ESTIMATE INSERT THE LETTER ‘**E**’ BEFORE THE AMOUNT STATED | | | | | | | |
|  | | | **AVERAGE WEEKLY AMOUNT** | | | | |
|  | Total salary or wages before | |  | |  | | $ NIL |
|  | tax | |  | |  | |  |
|  | Investment income (before tax) | | INCOME TYPE (eg. rent, interest, dividend)  Dividend | |  | | $ E 160 |
|  |  | |  | |  | | |
|  |  | | PAID BY (bank, mortgagor, company, tenant)  Commonwealth Bank of Australia | |  | | |
|  |  | |  | |  | | |
|  |  | |  | |  | |  |
|  |  | | INCOME TYPE (eg. rent, interest, dividend)  Interest from bank accounts ($1,300 per month) | |  | | $ E 300 |
|  |  | |  | |  | | |
|  |  | | PAID BY (bank, mortgagor, company, tenant)  Commonwealth Bank of Australia (x2), Macquarie Bank, IMB, St George, ANZ, AMP, Rabo Bank, Virgin Money and Wells Fargo (x2) bank accounts held in the name of Gary Steven Benson noted in Item 37 | |  | | |
|  |  | |  | |  | | |
|  |  | |  | |  | |  |
|  | Income from business/ partnership/ company/ trust | | NAME OF BUSINESS/ PARTNERSHIP/ COMPANY/ TRUST | |  | | $ NIL |
|  |  | |  | |  | | |
|  |  | | TYPE OF BUSINESS | |  | | |
|  |  | |  | |  | | |
|  |  | | ADDRESS OF BUSINESS/ PARTNERSHIP/ COMPANY/ TRUST | |  | | |
|  |  | | State       Postcode | |  | | |
|  |  | |  | |  | |  |
|  | Government benefits | | TYPE OF BENEFIT | |  | | $ NIL |
|  |  | |  | |  | |  |
|  |  | | TYPE OF BENEFIT | |  | | $ NIL |
|  |  | |  | |  | |  |
|  | Maintenance/ child support | | PAID BY | |  | |  |
|  |  | | FOR THE BENEFIT OF | **$ REQUIRED TO BE PAID** |  | | ACTUALLY RECEIVED |
|  |  | |  | $ |  | $ NIL | |
|  |  | |  | |  | |  |
|  |  | | PAID BY | |  | |  |
|  |  | | FOR THE BENEFIT OF | **$ REQUIRED TO BE PAID** |  | | ACTUALLY RECEIVED |
|  |  | |  | $ |  | $ | |
|  |  | |  | |  | |  |
|  | Benefits from employment/ business | | TYPE OF BENEFIT | |  | | $ NIL |
|  |  | |  | |  | |  |
|  |  | | TYPE OF BENEFIT | |  | | $ |
|  |  | |  | |  | |  |
|  | Other income | | PAID BY | |  | | $ NIL |
|  |  | | TYPE OF BENEFIT | |  | |  |
|  |  | |  | |  | |  |
|  | **TOTAL AVERAGE WEEKLY INCOME**  **WRITE THE ITEM 16 TOTAL AT ITEM 2A ON PAGE 2 OF THIS FORM** | | | |  | | $ E 460 |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Part E | | Other income earners in your household | | | | |
|  | Give the name, age and relationship to you and gross income of each other occupant of your household | | | | | |
|  |  | | AGE | RELATIONSHIP TO YOU **AVERAGE WEEKLY AMOUNT** | | |
|  | NAME | |  |  |  | $ NIL |
|  |  | |  |  |  |  |
|  | NAME | |  |  |  | $ |
|  |  | |  |  |  |  |
|  | NAME | |  |  |  | $ |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Part F | | **Expenses paid by others for your benefit** | | | |
|  |  | | | | |
|  | PAID BY | | TYPE OF EXPENSE |  | $ NIL |
|  |  | |  |  |  |
|  | PAID BY | | TYPE OF EXPENSE |  | $ |
|  |  | |  |  |  |
|  | PAID BY | | TYPE OF EXPENSE |  | $ |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Part G | | **Personal expenditure** | | | |
| **NOTE:** GIVE WEEKLY AMOUNTS IN WHOLE DOLLARS. IF THE AMOUNT FOR AN ITEM IS NIL, WRITE ‘**NIL**’.  IF YOU CAN ONLY GIVE AN ESTIMATE INSERT THE LETTER ‘**E**’ BEFORE THE AMOUNT STATED | | | | | |
|  | | | **AVERAGE WEEKLY AMOUNT** | | |
|  | Total income tax | | |  | $ NIL |
|  |  | | | | |
|  | Superannuation | | PLAN NAME |  | $ NIL |
|  |  | | | | |
|  | Mortgage payments/ rent | | NAME OF LENDER/LANDLORD Rent – Belle Properties |  | $ E 900 |
|  |  | | | | |
|  | Rates, unit levies | | |  | $ E 2 |
|  |  | | | | |
|  | Other mortgage payment | | NAME OF LENDER |  | $ |
|  | ADDRESS OF PROPERTY |  |  |
|  |  | | | | |
|  | Other rates, unit levies | | |  | $ 1,527.11 (USD$1,096.08 -  strata levies - Las Vegas)  $ 100 (USD $400 per month for rates and taxes) |
|  |  | | | | |
|  | Life insurance premiums | | TYPE OF POLICY |  | $ |
|  | POLICY NO. |  |  |
|  |  | | NAME OF INSURER |  |  |
|  |  | | | | |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **PERSONAL EXPENDITURE -** CONTINUED | | | | | | | | |
|  | | | **AVERAGE WEEKLY AMOUNT** | | | | | |
|  | Other insurance premiums | | TYPE OF POLICY Comprehensive car insurance ($2,195 annually) | | |  | $ 42.21 | |
|  |  | | POLICY NO: MOT639820935 | | |  |  | |
|  |  | | NAME OF INSURER NRMA | | |  |  | |
|  |  | | TYPE OF POLICY Health insurance ($233 a month) | | |  | $ 58.25 | |
|  |  | | POLICY NO: 10000871 | | |  |  | |
|  |  | | NAME OF INSURER CBHS | | |  |  | |
|  |  | | TYPE OF POLICY | | |  | $ | |
|  |  | | POLICY NO: | | |  |  | |
|  |  | | NAME OF INSURER | | |  |  | |
|  | Motor vehicle registration | | REG. NO: DVO-87C VEHICLE MAKE Tesla | | |  | $ E 9.62  ($500.24 per year) | |
|  | |  | | | | | |
|  | Hire purchase/ lease agreements | | DESCRIBE THE PROPERTY |  | |  | $ NIL | |
|  |  | | NAME OF COMPANY/ PERSON |  | |  |  | |
|  |  | | | | | | | |
|  | Loan repayments | | NAME OF LENDER | | |  | $ NIL | |
|  |  | | TYPE OF LOAN | | |  |  | |
|  |  | | | | | | | |
|  | Credit card payments | | CARD TYPE VISA | | Minimum Payment $ 4,000 per month |  | $ NIL | |
|  |  | | NAME OF COMPANY Commonwealth Bank of Australia | | |  |  | |
|  |  | | | | | | | |
|  |  | | CARD TYPE | | Minimum Payment $ |  | $ | |
|  |  | | NAME OF COMPANY | | |  |  | |
|  | **ACTUAL PAYMENT** | | | | | | | |
|  | Maintenance payments/ child support | | PAID FOR THE BENEFIT OF | | |  | $ | |
|  |  | |  |  | |  |  | |
|  |  | | assessment  agreement  order | AMOUNT OF ASSESSMENT, AGREEMENT OR ORDER  $ | |  |  | |
|  |  | |  |  | |  |  | |
|  |  | | | | | | | |
|  | Total of all other expenditure | |  | | |  | $ E 500 | |
|  | |  | | | | | |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
| **TOTAL PERSONAL EXPENDITURE**  **WRITE THIS ITEM 33 TOTAL AT ITEM 2B ON PAGE 2 OF THIS FORM** | |  | $ E 3,139.19 |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Part H | | | **Personal expenses you pay for the benefit of others** | | | |
|  | |  | |  |  |  |
|  | State which of the expenses in Part G are paid by you for other persons | | | NAME OF PERSON Naomi Benson |  | $ E 10 |
|  | GIVE DETAILS Netflix, Stan, Foxtel |  |  |
|  |  |  |  |
|  | NAME OF PERSON |  | $ |
|  |  | | | GIVE DETAILS |  |  |
| Part I | | | **Property owned by you** | | | |
|  | | | | **CURRENT VALUE OF YOUR SHARE** | | |
|  | Home | | | FULL NAME OF THE REGISTERED OWNERS |  | $ E 624,000 |
|  | Gary Steven Benson |  |
|  |  | | | PROPERTY ADDRESS 200 West Sahara #3508, Las Vegas Nevada 89102 United States of America |  |  |
|  |  | | | YOUR % SHARE 100% |  |  |
|  | Other real estate | | | PROPERTY ADDRESS |  | $ NIL |
|  | REGISTERED OWNERS: |  |  |
|  |  | | | YOUR % SHARE |  |  |
|  |  | | | PROPERTY ADDRESS |  | $ |
|  | REGISTERED OWNERS: |  |  |
|  |  | | | YOUR % SHARE |  |  |
|  | Funds in banks, building societies, credit unions or other financial institutions | | | NAME AND BRANCH BSB |  | $ 2,376,734 |
|  | (1) AMP (BSB No. 939-200)  (2) ANZ (BSB No. 012-041)  (3) Commonwealth Bank of Australia (BSB No. 062-458)  (4) IMB (BSB No. 641-800)  (5) Macquarie Bank (BSB No. 182-182)  (6) Rabo Bank (BSB No. 142-201)  (7) St George (BSB No. 112-879)  (8) Virgin Money (BSB No. 122-778)  (9) Wells Fargo – Cheque (US) (10) Wells Fargo – Savings (US) |  |
|  | ACCOUNT HOLDER & NUMBER |  |  |
|  | (1) Gary Steven Benson – Account ending in 2033  (2) Gary Steven Benson – Account ending in 1930 (3) Gary Steven Benson – Account ending in 7500 (4) Gary Steven Benson – Account ending in 6061 (5) Gary Steven Benson – Account ending in 4933  (6) Gary Steven Benson – Account ending in 7727  (7) Gary Steven Benson – Account ending in 6480  (8) Gary Steven Benson – Account ending in 2408 (9) Gary Steven Benson – Account ending in 8893 (10) Gary Steven Benson – Account ending in 0445 |  |
|  | CURRENT BALANCE $ 245,000 (1), $10 (2), $1,123 (3), $409 (4), $1,588,152 (5), $245,000 (6), $1,259 (7), $245,000 (8), $6,074 (9), $44,707 (10) |  |  |
|  | Investments | | | NAME AND TYPE OF INVESTMENT |  | $ E 200,000 |
|  | Verdant Earth Technologies - shares |  |
|  | FULL NAMES OF ALL OWNERS |  |  |
|  | Gary Steven Benson |  |
|  | NUMBER OF SHARES HELD 1,250,000 YOUR % SHARE 100% |  |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  |  | | NAME AND TYPE OF INVESTMENT |  | $ 280,372 |
|  |  |  | | (1) Noxopharm shares ($70,000) (2) Commonwealth Bank of Australia shares ($210,372) |  |  |
|  |  |  | | FULL NAMES OF ALL OWNERS |  |  |
|  |  |  | | (1) and (2) Gary Steven Benson |  |  |
|  |  |  | | NUMBER OF SHARES HELD (1) 200,000 and (2) 2,204  YOUR % SHARE (1) and (2) 100% |  |  |
|  | | | | | | |
|  |  | Life Insurance policies | | POLICY TYPE POLICY NO. |  | $ NIL |
|  |  |  | |  |  |  |
|  |  |  | | NAME OF INSURANCE COMPANY |  |  |
|  |  |  | |  |  |  |
|  |  |  | | FULL NAMES OF ALL OWNERS YOUR % SHARE |  |  |
|  |  |  | |  |  |  |
|  | | | | | | |
|  |  | Motor vehicle | | YEAR 2018 MAKE Tesla |  | $ E 75,000 |
|  |  |  | | MODEL S REGISTRATION NO. DVO78C |  |  |
|  |  |  | | FULL NAME OF REGISTERED OWNER/S YOUR % SHARE 100% |  |  |
|  |  |  | | Gary Steven Benson |  |  |
|  | | | | | | |
|  |  |  | | YEAR       MAKE |  | $ |
|  |  |  | | MODEL       REGISTRATION NO. |  |  |
|  |  |  | | FULL NAME OF REGISTERED OWNER/S YOUR % SHARE |  |  |
|  |  |  | |  |  |  |
|  | | | | | | |
|  |  | Interest in a business including a business operated by you as a sole trader, in a partnership or through a proprietary company or a trust | | NAME OF BUSINESS |  | $ NIL |
|  |  |  | |  |  |  |
|  |  |  | | ADDRESS OF BUSINESS |  |  |
|  |  |  | |  |  |  |
|  |  |  | | YOUR % SHARE |  |  |
|  |  |  | | Business type (Mark [X] which applies)  Sole trader  Partnership  Proprietary company / trust |  |  |
|  | | | | | | |
|  |  | Household contents | |  |  | $ E 5,000 |
|  | | | | | | |
|  |  | Other personal property | | SPECIFY |  | $ 894,666 |
|  |  |  | | Betfair betting accounts - $92,504 (1) NSW TAB betting account - $1,002 (2) Loan to David Saab - $800,000 (3)  Cash on hand - $1,160 (4) |  |  |
|  |  |  | | YOUR % SHARE 100% |  |  |
|  |  | |  |  |  |  |
|  |  | | **TOTAL VALUE OF PROPERTY OWNED BY YOU**  **WRITE THIS ITEM 44 TOTAL AT ITEM 2C ON PAGE 2 OF THIS FORM** | |  | $ E 4,455,772 |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | Part J | | **Superannuation** | | | | |
|  | **You must attach a completed Superannuation Information Form for each superannuation interest if you are seeking an order for property settlement.** | | | | | | |
|  |  | | | **GROSS VALUE** | | | |
|  |  | Interest in superannuation | | NAME OF SUPERANNUATION FUND 1 | |  | $ 165,491 |
|  |  | First Choice Superannuation | |  |
|  |  |  | | TYPE OF INTEREST  Accumulation interest  Partially vested accumulation interest  Defined benefit interest  Self managed fund  Eligible annuity | Retirement saving account  Small superannuation account  Percentage only interest  Approved deposit fund |  |  |
|  | | | | | | | |
|  |  |  | | NAME OF SUPERANNUATION FUND 2 | |  | $ |
|  |  |  | |  |
|  |  |  | | TYPE OF INTEREST  Accumulation interest  Partially vested accumulation interest  Defined benefit interest  Self managed fund  Eligible annuity | Retirement saving account  Small superannuation account  Percentage only interest  Approved deposit fund |  |  |
|  | | | | | | | |
|  |  |  | | NAME OF SUPERANNUATION FUND 3 | |  | $ |
|  |  |  | |  |
|  |  |  | | TYPE OF INTEREST  Accumulation interest  Partially vested accumulation interest  Defined benefit interest  Self managed fund  Eligible annuity | Retirement saving account  Small superannuation account  Percentage only interest  Approved deposit fund |  |  |
|  | | | | | | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |
|  |  | **TOTAL GROSS VALUE OF YOUR SUPERANNUATION**  **WRITE THIS ITEM 45 TOTAL AT ITEM 2D ON PAGE 2 OF THIS FORM** | |  | $ 165,491 |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | Part K | | **Your liabilities** | | | | |
|  |  | | | AMOUNT OF YOUR SHARE | | | |
|  |  | Home  mortgage/s | | FULL NAMES OF ALL BORROWERS | |  | $ NIL |
|  |  |  | |  |
|  |  | YOUR % SHARE | |  |  |
|  |  | | | **AMOUNT OF YOUR SHARE** | | | |
|  |  | Other  mortgages | | FULL NAMES OF ALL BORROWERS | |  | $ NIL |
|  |  |  | |  |
|  |  | YOUR % SHARE | |  |  |
|  | | | | | | | |
|  |  | Total income tax assessed and unpaid for the last financial year Date due:    /   / | | | | | $ NIL |
|  | | | | | | | |
|  |  | Total income tax assessed and unpaid in previous financial years | | | | | $ NIL |
|  |  | | | **AMOUNT OF YOUR SHARE** | | | |
|  |  | Loans | | NAME OF LENDER | |  | $ NIL |
|  |  |  | | TYPE OF LOAN | |  |  |
|  |  |  | | overdraft  personal loan | other (specify) |  |  |
|  | | | | | | | |
|  |  |  | | FULL NAMES OF ALL BORROWERS | |  |  |
|  |  |  | |  |
|  |  | YOUR % SHARE | |  |  |
|  | | | | | | | |
|  |  | Credit/  charge cards | | SPECIFY CARD PROVIDER AND TYPE | |  | $ 959 |
|  |  | Commonwealth Bank of Australia VISA card ending in 1619 | |  |
|  | | | | | | | |
|  |  |  | | SPECIFY CARD PROVIDER AND TYPE | |  | $ |
|  |  |  | |  |
|  |  | | | **AMOUNT OF YOUR SHARE** | | | |
|  |  | Hire purchase/ lease | | NAME OF LENDER | |  | $ NIL |
|  |  |  | | Date of final payment      /     / | |  |  |
|  |  |  | | FULL NAMES OF ALL PERSONS NAMED IN THE AGREEMENT | |  |  |
|  |  |  | |  |
|  |  | YOUR % SHARE | |  |  |
|  |  | | | **AMOUNT OF YOUR SHARE** | | | |
|  |  |  | | NAME OF LENDER | |  | $ |
|  |  |  | | Date of final payment      /     / | |  |  |
|  |  |  | | FULL NAMES OF ALL PERSONS NAMED IN THE AGREEMENT | |  |  |
|  |  |  | |  |
|  |  | YOUR % SHARE | |  |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **YOUR LIABILITIES –** CONTINUED | | | | | |
|  |  | | | **AMOUNT OF YOUR SHARE** | | |
|  |  | Other personal liabilities | | SPECIFY  (1) Domestic waterfront licence fees (contingent liability - $144,000 will be divided equally between Debra and Gary)  (2) Steven Hegyi (Share of Pocket Fantasy surplus)  (3) Peter Manning Harness Racing Stables (training costs)  (4) Benstud (agistment)  (5) Clark County Treasurer (4th rates instalment)  (6) Allure Homeowners Association (Strata levies) |  | $ 72,000 (1)  15,546 (2)   6,000 (3)   2,700 (4)   1,352 (5)   1,517 (6) |
|  |  |  | |  |  |  |
|  |  |  | | FULL NAME OF ANY OTHER LIABLE PERSON |  |  |
|  |  | (1), (2), (3), (4), (5) and (6) Gary Steven Benson |  |
|  |  | YOUR % SHARE (1), (2), (3), (4), (5) and (6) 100% |  |  |
|  |  | | | **AMOUNT OF YOUR SHARE** | | |
|  |  | Other personal business liabilities | | SPECIFY |  | $ NIL |
|  |  |  |  |  |
|  |  |  | | FULL NAME OF ANY OTHER LIABLE PERSON |  |  |
|  |  |  |  |
|  |  | YOUR % SHARE |  |  |
|  |  | |  |  |  |  |
|  |  | | **TOTAL LIABILITIES**  **WRITE THIS ITEM 55 TOTAL AT ITEM 2E ON PAGE 2 OF THIS FORM** | |  | $ 100,074 |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | Part L | | | **Financial resources** | | | |
|  |  | | | |  | | |
|  |  | Interest in any trust or deceased estate | | | SPECIFY |  | $ E 85 |
|  |  | Benson Family Trust (The trustee of this Trust is GK Investments. Debra is a director. Gary is not a director.) |  |
|  |  |  |  |
|  |  | | | |  | | |
|  |  | Other financial resources | | | SPECIFY |  | $ |
|  |  |  |  |
|  |  |  |  |
|  |  | |  | |  |  |  |
|  |  | | **TOTAL FINANCIAL RESOURCES**  **WRITE THIS ITEM 58 TOTAL AT ITEM 2F ON PAGE 2 OF THIS FORM** | | |  | $ E 85 |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Part M | | **About disposal of property** | | | |
|  |  |  | | **Item** | **How disposed of** | **Value/ amount received** |
|  |  | Specify property falling within Rule 6.06(3)(g) disposed of by you or on your behalf in the 12 months before separation and since your separation | |  |  |  |
|  |  |  | |  |  |  |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Part N | | **Orders for maintenance, child support, financial enforcement** | | | | | |
|  | **Complete and attach this page only if the application is for orders for maintenance for yourself, the other party or your children or child support or financial enforcement** | | | | | | | |
|  |  | | |  | | | | |
|  |  | Average weekly expenses | | | | | | |
|  |  | **NOTE:** GIVE WEEKLY AMOUNTS IN WHOLE DOLLARS. IF THE AMOUNT FOR AN ITEM IS NIL, WRITE ‘**NIL**’. IF YOU CAN ONLY GIVE AN ESTIMATE INSERT THE LETTER ‘**E**’ BEFORE THE AMOUNT STATED | | | | | | |
|  |  | **ITEM** | | | **TOTAL** | **FOR YOU** | **FOR CHILDREN**  (IF APPLICABLE) | **OTHER ADULTS**  (IF APPLICABLE) |
|  |  | Food | | | $ | $ | $ | $ |
|  |  | Household supplies | | | $ | $ | $ | $ |
|  |  | House repairs | | | $ | $ | $ | $ |
|  |  | Gas | | | $ | $ | $ | $ |
|  |  | Electricity | | | $ | $ | $ | $ |
|  |  | Internet | | | $ | $ | $ | $ |
|  |  | Telephone | | | $ | $ | $ | $ |
|  |  | Motor vehicle | | |  |  |  |  |
|  |  | petrol | | | $ | $ | $ | $ |
|  |  | maintenance | | | $ | $ | $ | $ |
|  |  | Fares/ car parking | | | $ | $ | $ | $ |
|  |  | Clothing and shoes | | | $ | $ | $ | $ |
|  |  | Children’s activities | | | $ | $ | $ | $ |
|  |  | Child minding | | | $ | $ | $ | $ |
|  |  | Medical, dental and optical (not including health insurance premiums) | | | $ | $ | $ | $ |
|  |  | Entertainment/ hobbies | | | $ | $ | $ | $ |
|  |  | Holidays | | | $ | $ | $ | $ |
|  |  | Education expenses, including fees and levies | | | $ | $ | $ | $ |
|  |  | Chemist/ pharmaceutical | | | $ | $ | $ | $ |
|  |  | Gardening/ lawn mowing | | | $ | $ | $ | $ |
|  |  | Cleaning (house/ pool) | | | $ | $ | $ | $ |
|  |  | Repairs – furnishings and appliances | | | $ | $ | $ | $ |
|  |  | Dry cleaning | | | $ | $ | $ | $ |
|  |  | Books and magazines | | | $ | $ | $ | $ |
|  |  | Gifts | | | $ | $ | $ | $ |
|  |  | Hairdressing, toiletries | | | $ | $ | $ | $ |
|  |  | Other necessary commitments (specify) | | | $ | $ | $ | $ |
|  |  | **TOTAL** | | | **$** | **$** | **$** | **$** |

|  |  |  |
| --- | --- | --- |
|  | Part O | **Additional information** |
|  | **You should set out here or on an additional page any item that you may not be able to include in any section of the document. Please include the Part and paragraph number that it continues from.** | |
|  |  | |
|  |  | |

|  |  |
| --- | --- |
| This application was prepared by  applicant/s  lawyer | Heela Khatiz |
| respondent/s | KAL6827860 |
|  | PRINT NAME AND LAWYER’S CODE |
|  |  |
| Approved by Chief Justice/Chief Judge pursuant to Rule 15.21 0921V1 | |