

## Prisoner and hospital patient exemption – application

- Use this form if you are in hospital or prison for 13 weeks or more and you want to apply for an exemption from paying child support or domestic maintenance.
- Prison inmates earning wages or salary through a release-to-work programme may not qualify for an exemption from child support payments and/or domestic maintenance.
- Prison allowances are not counted as income.
- Your taxable income while you are in hospital or prison must come solely from either:
  - investment income and **be less than the minimum child support assessment for the relevant child support year**, or
  - a benefit at the rate specified in Schedule 22 of the Social Security Act 1964 (if you receive a full benefit for part of the time you are in hospital you may still qualify for an exemption).
- To find the minimum annual rate for child support, please refer to our factsheet *Calculating child support (IR 150)* or call us on 0800 221 221.
- This page is for your details. An authorised officer of the hospital or prison must fill in the details on the back of this form.
- Please answer every question. If you need help, call us on 0800 221 221.
- More information and child support forms are available on our website [www.ird.govt.nz/childsupport/](http://www.ird.govt.nz/childsupport/)

1. Your IRD number

2. Your name

Surname

First names

3. Your date of birth

Day      Month      Year

4. Your address before going into hospital or prison

Street address

Town or city

Postcode

5. The name of the hospital or prison you are in

6. Estimate your income while you are in hospital or prison

Income from investments

Source

**Note:** Even if you have earned income in this child support year, you may still be eligible for an exemption for part of this year or future years.

Other income

Source

### Declaration

The information I have given is true and correct.

Signature

Date

### Authorised person

If the patient or prison inmate is unable to complete and sign this form, an authorised person may complete it on their behalf.

**Note:** Please attach a copy of the authorisation to this form

Full name of person with authorisation

acting for

Full name of person

Signature

Date

I have completed this application on the paying person's behalf.

