

IR105

Prisoner and hospital patient exemption - application

When to use this form

- Use this form if you are in a New Zealand or overseas prison or hospital and want to apply for an exemption from paying child support or domestic maintenance in New Zealand
- · Prisoners must apply for an exemption while still in prison
- · Hospital patients have up to 3-months after leaving hospital to apply for an exemption

To qualify for an exemption:

- you must be in prison or hospital for at least 13 weeks
- your income must only be:
 - from investment income and be less than the minimum amount of child support for the year, or
 - a benefit paid at the hospital rate.

Prison allowances are not counted as income.

Contact us if you need help:

From prison: 0800 387 782 From hospital: 0800 221 221 From Australia: 1800 504 042

Elsewhere overseas: +64 9 984 2537

1	Your IRD number	(8 digit numbers start in the se	econd box. 12345678)				
2	Your name	First name(s) Surname					
3	Your date of birth	Day Month Year					
4	Your address before going into prison or hospital	Street address Town or city	Country		Postcode		
	The name of the prison or hospital you are in						
	Tell us what you expect you will earn while you are in prison or hospital.	<pre>\$ Other income If you expect to earn no income</pre>	Source Source come, write nil				
Declaration							
	he information I have given true and correct.	,	/ D	/ ate			
 Notes: If we accept your exemption application we will send you an updated child support to pay letter. If we decline your exemption we'll send you a letter telling you why. If you earn any income other than from investments or a benefit paid at the hospital rate your exemption will end. 							

You must contact us immediately when you leave hospital or prison.



Authorised person

If the prison inmate or patient 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				
	Full name of person you are acting for				
	Signature				
I have completed this application on the liable person's behalf.	/ / Data				
	Date				

To be completed by an officer of the prison or hospital

We need these details to confirm the liable parent meets the requirements for an exemption under the Child Support Act 1991.

Prison inmate	Remand start date			
		Day	Month	Year
	Sentence start date (or date of next			
	court appearance if not yet sentenced)	Day	Month	Year
	Parole eligibility date			
		Day	Month	Year
	Statutory release date			
		Day	Month	Year
Hospital patient	Date of admission			
		Day	Month	Year
	Earliest expected discharge date	Day		Year
	Earliest expected discharge date	Day Day	Month Month	Year Year
Is this form being completed		Day		
Is this form being completed	d after leaving hospital?	Day	Month	Year

The legal authority for requesting this information in New Zealand is section 17B of the Tax Administration Act 1994.

Signature of authorised person

Please print your name and official title		
Signature		
	/ /	
	Date	

Please send this completed form to: Child Support, PO Box 39010, Wellington Mail Centre, Lower Hutt 5045, New Zealand or if completing overseas, email to nzcsca@ird.govt.nz

Privacy

Meeting your child support obligations means giving us accurate information so we can assess your liabilities and entitlements under the Child Support Act 1991.

We may also exchange information about you with:

- some government agencies
- another country, if we have an information supply agreement with them
- Statistics New Zealand (for statistical purposes only).

If you ask for the personal information we hold about you, we will give it to you and correct any errors, unless we have a lawful reason not to. Call us on 0800 221 221 for more information. For full details of our privacy policy go to ird.govt.nz/privacy

