

2nd Amended 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: _____

Client ID _____

File number NCC3896/2023 _____

Filed at Newcastle

Filed on _____

Court location Commonwealth Law Courts
 Building, 61 Bolton Street, Newcastle NSW
 2300

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


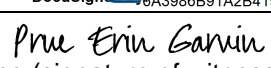
1	What is your family name as used now?	Given names?
	Cooke	Stephen Christopher
	213 Morgan Street	
	Merewether	State NSW Postcode 2291

Please tick as applicable – only one box should be selected

AFFIDAVIT – for financial proceedings:

I swear* / affirm* that:

- (a) 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.
- (b) 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.
- (c) 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  <small>DocuSigned by: Stephen Christopher Cooke</small>	Place Merewether	Date 27/3/2024
Before me (signature of witness)  <small>DocuSigned by: Prue Erin Garvin</small>	Prue Erin Garvin	JP 192672
	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

This document was signed and witnessed over audio visual link in accordance with section 14G of the Electronic Transactions Act 2000.

Jacqueline Ann Turner
 CLA7584701

PRINT NAME AND LAWYER'S CODE

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

2	A	Your total average weekly income. (THIS IS THE FIGURE AT ITEM 16)	\$	NIL
	B	Your total personal expenditure. (THIS IS THE FIGURE AT ITEM 33)	\$	NIL
	C	Total value of property owned by you. (THIS IS THE FIGURE AT ITEM 44)	\$	958,679
	D	Total gross value of your superannuation. (THIS IS THE FIGURE AT ITEM 45)	\$	164,304
	E	Total of your liabilities. (THIS IS THE FIGURE AT ITEM 55)	\$	517,629
	F	Total of your financial resources. (THIS IS THE FIGURE AT ITEM 58)	\$	NIL

Part C Your employment details

3 What is your current occupation?

Parent and Homemaker

4 Are you employed?

No. Go to Part D

Yes. Give details

full time

permanently

on contract

part time

casually

5 What is the name of your employer?

N/A

6 What is the address of your employer?

STATE

POSTCODE

PHONE

7 How long have you been employed at this place?

YEARS

MONTHS

DAYS

8 Are you self-employed?

No

Yes

STATE THE NAME OF THE BUSINESS / COMPANY / PARTNERSHIP / TRUST

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
17 NAME			\$ NIL
NAME			\$ NIL
NAME			\$ NIL

Part F Expenses paid by others for your benefit

18 PAID BY Respondent	TYPE OF EXPENSE: All expenses	\$
PAID BY	TYPE OF EXPENSE	\$ NIL
PAID BY	TYPE OF EXPENSE	\$ NIL

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
19 Total income tax		\$ NIL
20 Superannuation	PLAN NAME Future Super	\$ NIL
21 Mortgage payments/ rent	NAME OF LENDER/LANDLORD	\$ NIL
22 Rates, unit levies		\$ NIL
23 Other mortgage payment	NAME OF LENDER ADDRESS OF PROPERTY	\$ NIL
24 Other rates, unit levies		\$ NIL
25 Life insurance premiums	TYPE OF POLICY POLICY NO. NAME OF INSURER	\$ NIL
	TYPE OF POLICY POLICY NO. NAME OF INSURER	\$ NIL

Part H**Personal expenses you pay for the benefit of others**

- 34 State which of the expenses in Part G are paid by you for other persons

NAME OF PERSON

\$ NIL

GIVE DETAILS

NAME OF PERSON

\$ NIL

GIVE DETAILS

Part I**Property owned by you****CURRENT VALUE OF YOUR SHARE**

- 35 Home

FULL NAME OF THE REGISTERED OWNERS

\$ E800,000

Stephen Christopher Cooke and Heather Anne Cooke
(Joint tenants)

PROPERTY ADDRESS

Unit 1/213 Morgan Street, Merewether NSW 2291

YOUR % SHARE 50%

- 36 Other real estate

PROPERTY ADDRESS

\$ NIL

REGISTERED OWNERS:

YOUR % SHARE

PROPERTY ADDRESS

\$ NIL

REGISTERED OWNERS:

YOUR % SHARE

- 37 Funds in banks, building societies, credit unions or other financial institutions

NAME AND BRANCH BSB Joint WBC Choice Account

\$ 2,724

ACCOUNT HOLDER & NUMBER

Stephen Christopher Cooke and Heather Anne Cooke
Account ending #3193

CURRENT BALANCE \$5,447

NAME AND BRANCH BSB Joint WBC Choice Account

\$ 0

ACCOUNT HOLDER & NUMBER

Stephen Christopher Cooke and Heather Anne Cooke
Account ending #5055 as at 18 March 2024 closed

CURRENT BALANCE \$0

NAME AND BRANCH BSB Joint WBC Offset Account	
ACCOUNT HOLDER & NUMBER Stephen Christopher Cooke and Heather Anne Cooke Account ending #5063 as at 18 March 2024 closed	
CURRENT BALANCE	\$0

\$ 0

NAME AND TYPE OF INVESTMENT Praemium Prae Investments Portfolio as at 18 March 2024 (ID: SMA00418788)	
FULL NAMES OF ALL OWNERS Stephen Christopher Cooke	
NUMBER OF SHARES HELD	YOUR % SHARE 100%

\$ 143,107

NAME AND TYPE OF INVESTMENT	
FULL NAMES OF ALL OWNERS	
NUMBER OF SHARES HELD	YOUR % SHARE

\$ NIL

38 Investments

PROPERTY OWNED BY YOU - CONTINUED

CURRENT VALUE OF YOUR SHARE

39 Life Insurance policies	POLICY TYPE	POLICY NO.	\$ NIL
	NAME OF INSURANCE COMPANY		
	FULL NAMES OF ALL OWNERS	YOUR % SHARE	

40 Motor vehicle	YEAR	MAKE	\$ NIL
	MODEL	REGISTRATION NO.	
	FULL NAME OF REGISTERED OWNER/S		YOUR % SHARE
	YEAR	MAKE	\$ NIL
	MODEL	REGISTRATION NO.	
	FULL NAME OF REGISTERED OWNER/S		YOUR % SHARE

41 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) <input type="checkbox"/> Sole trader <input type="checkbox"/> Partnership <input type="checkbox"/> Proprietary company / trust		

42 Household contents	\$ Nominal
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43 Other personal property	SPECIFY IT Equipment	\$ 12,848
	YOUR % SHARE 100%	

44	TOTAL VALUE OF PROPERTY OWNED BY YOU WRITE THIS ITEM 44 TOTAL AT ITEM 2C ON PAGE 2 OF THIS FORM	\$958,679
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Part J Superannuation

You must attach a completed Superannuation Information Form for each superannuation interest if you are seeking an order for property settlement.

45

Interest in superannuation

GROSS VALUE

NAME OF SUPERANNUATION FUND 1
Future Super as at 18 March 2024

\$ 164,304

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

\$ NIL

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

\$ NIL

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

\$ 164,304

FULL NAMES OF ALL PERSONS NAMED IN THE
AGREEMENT

YOUR % SHARE

YOUR LIABILITIES - CONTINUED

AMOUNT OF YOUR SHARE

<p>53 Other personal liabilities</p>	SPECIFY	<p>\$ NIL</p>
	FULL NAME OF ANY OTHER LIABLE PERSON	
	YOUR % SHARE	

AMOUNT OF YOUR SHARE

<p>54 Other personal business liabilities</p>	SPECIFY	<p>\$ NIL</p>
	FULL NAME OF ANY OTHER LIABLE PERSON	
	YOUR % SHARE	

<p>55</p>	<p>WRITE THIS ITEM 55 TOTAL AT ITEM 2E ON PAGE 2 OF THIS FORM</p>	<p>TOTAL LIABILITIES</p> <p>\$ 517,629</p>
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Part L Financial resources

<p>56 Interest in any trust or deceased estate</p>	SPECIFY	<p>\$ NIL</p>
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<p>57 Other financial resources</p>	SPECIFY	<p>\$ NIL</p>
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<p>58</p>	<p>WRITE THIS ITEM 58 TOTAL AT ITEM 2F ON PAGE 2 OF THIS FORM</p>	<p>TOTAL FINANCIAL RESOURCES</p> <p>\$ NIL</p>
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Part M About disposal of property

	Item	How disposed of	Value/ amount received
<p>59 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</p>	37 – Account ending #2594	Unilaterally Withdrawn by the Respondent	\$38,470.58
	37 – Account ending #5063	Unilaterally Withdrawn by the Respondent	\$178,201.51
	47 – Account ending #7778	Unilaterally Withdrawn by the Respondent	\$163,967.60
	37 – Account ending #2594	Unilaterally Withdrawn by the Applicant	\$3,920

37 – Account ending #5055	Unilaterally Withdrawn by the Applicant	\$4,102
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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

60

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	\$ 300	\$	\$	\$
Household supplies	\$ 30	\$	\$	\$
House repairs	\$ E38	\$	\$	\$
Gas	\$ E60	\$	\$	\$
Electricity	\$ E51	\$	\$	\$
Internet	\$ 28	\$	\$	\$
Telephone	\$ 16	\$	\$	\$
Motor vehicle				
petrol	\$ E60	\$ E60	\$	\$
maintenance	\$ E50	\$ E50	\$	\$
Fares/ car parking	\$ 30	\$ E30	\$	\$
Clothing and shoes	\$ 130	\$ 70	\$ 60	\$
Children's activities	\$ E90	\$	\$ E90	\$
Child minding	\$ NIL	\$	\$	\$
Medical, dental and optical (not including health insurance premiums)	\$ 76	\$ 58	\$ 18	\$
Entertainment/ hobbies	\$ 40	\$	\$	\$
Holidays	\$ 162	\$ 81	\$ 81	\$
Education expenses, including fees and levies	\$ E15	\$	\$ 15	\$
Chemist/ pharmaceutical	\$ 26	\$ 17	\$ 9	\$
Gardening/ lawn mowing	\$ 10	\$ 10	\$	\$
Cleaning (house/ pool)	\$ NIL	\$	\$	\$
Repairs – furnishings and appliances	\$ 100	\$	\$	\$
Dry cleaning	\$ NIL	\$	\$	\$
Books and magazines	\$ 10	\$	\$	\$
Gifts	\$ 50	\$	\$	\$
Hairdressing, toiletries	\$ 50	\$	\$	\$
Other necessary commitments (specify)	\$ 35	\$	\$	\$
TOTAL	\$ 1,457	\$ 376	\$ 273	\$

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

respondent/s

Jacqueline Ann Turner

CLA7584701

PRINT NAME AND LAWYER'S CODE

Approved by Chief Justice/Chief Judge pursuant to Rule 15.21

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