

STATE OF INDIANA) IN THE _____ CIRCUIT COURT
) SS:
COUNTY OF _____) CASE NO. _____

Petitioner,

V.

VERIFIED MOTION FOR FEE WAIVER

Respondent.

The Petitioner now states:

1. I wish to file this action and I believe that I have a case with merit.
2. I cannot pay any of the filing fees or other costs of this action because I do not have sufficient income or resources.
3. I live with _____.
4. Our family's income is _____ per month. *(Total from below)*
(Income received each month, before taxes)

Wages (_____ per hour x _____ hours per month)		_____
Unemployment Compensation		_____
AFDC / TANF Benefits		_____
SSI / SSD Benefits		_____
Child Support		_____
Other	+	_____
Total =		_____
5. We have _____ in the bank.
6. Our expenses total _____ per month: *(Total from below)*
(Expenses spent each month)

Housing (Rent, Contract, or Mortgage)		_____
Utilities (Gas, Electric, Water, Phone, etc.)		_____
Food		_____
Child Care		_____
Medical Bills		_____
Transportation		_____
Insurance (car, medical and/or property)		_____
Child Support		_____
Other (please describe)	+	_____
Total =		_____

I request that this Court waive all costs of this action and allow me to proceed without the payment of any filing fees or other costs.

I affirm under the penalties of perjury that the foregoing representations are true.

Signature

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ORDER ON FEE WAIVER

The Petitioner, has filed a Verified Motion for Fee Waiver, which the Court has read and finds should be granted.

IT IS THEREFORE ORDERED that Petitioner may file this case:

_____ without the pre-payment of any filing fees, costs, security, bond, or other expenses; or

_____ upon the pre-payment of \$ _____ which is a portion of the filing fee set by statute.

Such sum must be paid by the Petitioner to the Clerk within the next 20 days.

The Court will determine whether any or additional costs are to be paid at a preliminary or final hearing in this case.

Date

Judge

Distribution:

