

SELECT THE COURT TYPE
IF YOU KNOW IT. IF NOT,
LEAVE BLANK

STATE OF INDIANA IN THE COUNTY NAME COURT
COUNTY OF COUNTY NAME CAUSE NO. LEAVE BLANK

IN RE THE MATTER OF:

YOUR NAME

Petitioner

v.

OTHER PERSON'S NAME. IF THERE IS NO OTHER PERSON
INVOLVED I N YOUR CASE (LIKE A NAME CHANGE) JUST
LEAVE THIS BLANK

Respondent

APPEARANCE BY UNREPRESENTED PERSON

1. My name is YOUR NAME and in this case I am not represented by a lawyer.

2. My contact information for receiving legal service of documents and case information as required by Court Rules is:

Address: YOUR ADDRESS

Email address: YOUR EMAIL ADDRESS

I will accept service at the above email address.

Phone: _____

Fax: _____

OR, if in a related case, you have used the Attorney General confidential address, you may check the box below:

Attorney General confidential address

3. This is a INSERT CASE TYPE PER ADMIN RULE 8(B)(3), OR LEAVE BLANK case type as defined in Administrative Rule 8(B)(3).

4. There are other cases related to this case: (If yes, please indicate below)

SELECT THE BOX THAT IS TRUE Yes
 No

Caption and case number of related cases:

IF THERE IS A RELATED CASE, PLEASE COMPLETE THIS INFORMATION

Caption: _____ Case No.: _____

SELECT THIS BOX
ONLY IF YOU WANT
THE COURT TO
COMMUNICATE WITH
YOU ONLY BY EMAIL
AND YOU CAN CHECK
YOUR EMAIL EVERY
DAY

IF YOU ARE USING
THE ATTORNEY
GENERAL'S
CONFIDENTIAL
ADDRESS, CHECK
THIS BOX

Caption: _____ Case No.: _____

Caption: _____ Case No.: _____

Additional information as required by local rule:

IF ADDITIONAL INFORMATION IS REQUIRED BY LOCAL RULE, PUT THAT INFORMATION HERE.

SIGN HERE AFTER YOU PRINT THIS FORM

Signature

This appearance is filed with a Verified Motion For Fee Waiver. There is no other party to serve.

STATE OF INDIANA
COURT

IN THE _____

COUNTY OF _____

CAUSE NO. _____

IN RE THE MATTER OF:

Petitioner

v.

Respondent

FOR THE SECTION ABOVE THE DOTTED LINE, LOOK AT THE FIRST FORM YOU FILLED OUT AND COPY THE INFORMATION HERE.

VERIFIED MOTION FOR FEE WAIVER

The Petitioner now states:

- I wish to file this action and I believe I have a case with merit.
- I cannot pay any of the filing fees or other costs of this action because I do not have sufficient income or resources.
- I live with the following persons who are over eighteen (18) years of age
NAMES OF THE PEOPLE YOU LIVE WITH WHO ARE OVER 18 YEARS OLD
- I live with the following persons who are **under** eighteen (18) years of age
NAMES OF THE PEOPLE YUO LIVE WITH WHO ARE UNDER 18 YEARS OLD
- I am responsible for the financial support of the following people **who live in my household**
NAMES OF THE PEOPLE YOU LIVE WITH THAT YOU ALSO FINANCIALLY SUPPORT
- The combined income of all persons I am responsible for supporting is \$THE COMBINED, MONTHLY per month **(total from below)**.
INCOME OF ALL THE PEOPLE YOU SUPPORT

| Income Received Each Month (before taxes) | |
|------------------------------------------------------------------------------------------|-----------------------------------------------|
| Wages (\$ <u>YOUR HOURLY PAY</u> per hour x <u>NUMBER OF HOURS YOU WORK EACH MONTH</u>) | \$ <u>TOTAL MONTHLY WORK INCOME</u> |
| Unemployment Compensation | \$ <u>TOTAL MONTHLY UNEMPLOYMENT</u> |
| AFDC/TANF Benefits | \$ <u>TOTAL MONTHLY AFDC/TANF BENEFITS</u> |
| SSI/SSD Benefits | \$ <u>TOTAL MONTHLY SSI/SSD BENEFITS</u> |
| Child Support | \$ <u>TOTAL MONTHLY CHILD SUPPORT YOU GET</u> |
| Other (please describe) | \$ <u>ANY OTHER INCOME YOU GET EACH MONTH</u> |
| Total Income | \$ <u>TOTAL OF THE ABOVE INCOME</u> |

- We have \$ AMOUNT IN BANK in the bank.
- Our expenses total \$ TOTAL MONTHLY per month. **(Total from below)**.
EXPENSES

Monthly Expenses

| | |
|-----------------------------------------------|---------------------------------------|
| Housing (Rent, Contract, or Mortgage) | \$ MONTHLY COST OF HOUSING |
| Utilities (Gas, Elective, Water, Phone, etc.) | \$ MONTHLY COST OF UTILITIES |
| Food | \$ MONTHLY COST OF FOOD |
| Child Care | \$ MONTHLY COST OF CHILD CARE |
| Medical Bills | \$ MONTHLY COST OF MEDICAL BILLS |
| Transportation | \$ MONTHLY COST OF TRANSPORTATION |
| Insurance (Car, Medical, and/or Property) | \$ MONTHLY COST OF INSURANCE |
| Child Support | \$ MONTHLY COST OF CHILD SUPPORT |
| Other (please describe) | \$ OTHER MONTHLY EXPENSES |
| Total Expenses | \$ TOTAL OF THE ABOVE EXPENSES |

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.

There is no other party to serve.

I affirm under penalties for perjury that the foregoing representations and statements are true.

DATE
Date

SIGN HERE AFTER YOU PRINT THIS FORM
Signature

YOUR PRINTED NAME
Printed Name

STATE OF INDIANA IN THE _____ COURT
COUNTY OF _____ CAUSE NO. _____

IN RE THE MATTER OF:

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v.

Respondent

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ORDER ON FEE WAIVER

The Petitioner, self represented, 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 twenty (20) days.

LEAVE BLANK

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

Date

Judicial Officer

Distribution:

YOUR NAME

YOUR ADDRESS

