

Date:

Dear Your Honor,

I am writing this letter to request the waiver of outstanding courtroom fines and fees on the following case number(s) so that I may pursue expungement of my record:

Sincerely,

Signature

Printed Name

Phone Number

STATE OF INDIANA

IN THE _____ COURT

COUNTY OF _____

CASE NO. _____

IN RE THE MATTER OF THE
PETITION TO RESTRICT
DISCLOSURE OF RECORDS
UNDER I.C. 35-38-9

Petitioner

APPEARANCE BY UNREPRESENTED PERSON

1. My name is _____ 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: _____

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 an XP case type as defined in Administrative Rule 8(B)(3).

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

Yes

No

Caption and case number of related cases:

Caption: _____ Case No.: _____

Caption: _____ Case No.: _____

Caption: _____ Case No.: _____

Additional information as required by local rule:

Signature

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

STATE OF INDIANA

IN THE _____ COURT

COUNTY OF _____

CASE NO. _____

IN RE THE MATTER OF THE
PETITION TO RESTRICT
DISCLOSURE OF RECORDS
UNDER I.C. 35-38-9

Petitioner

VERIFIED MOTION FOR FEE WAIVER

The Petitioner now states:

1. I wish to file this action and I believe 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 the following persons who are over eighteen (18) years of age
_____.
4. I live with the following persons who are **under** eighteen (18) years of age
_____.
5. I am responsible for the financial support of the following people **who live in my household**
_____.
6. The combined income of all persons I am responsible for supporting 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 (please describe)	\$ _____
Total Income	\$ _____

7. We have \$ _____ in the bank.
8. Our expenses total \$ _____ per month. (**Total from below**).

Monthly Expenses

Housing (Rent, Contract, or Mortgage)	\$
Utilities (Gas, Elective, Water, Phone, etc.)	\$
Food	\$
Child Care	\$
Medical Bills	\$
Transportation	\$
Insurance (Car, Medical, and/or Property)	\$
Child Support	\$
Other (please describe)	\$
Total 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

Signature

Printed Name

STATE OF INDIANA

IN THE _____ COURT

COUNTY OF _____

CASE NO. _____

IN RE THE MATTER OF THE
PETITION TO RESTRICT
DISCLOSURE OF RECORDS
UNDER I.C. 35-38-9

Petitioner

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 prepayment 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.

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:

