

STATE OF INDIANA

IN THE COUNTY NAME

SELECT COURT IF YOU KNOW IT, IF NOT LEAVE BLANK

COURT

COUNTY OF COUNTY NAME

CAUSE NO. LEAVE BLANK

CHOOSE THE TYPE OF CASE 'PATERNITY,' 'DIVORCE,' OR 'MATTER'

IN RE THE OF:

IF YOU ARE FILING IN RELATION TO A PATERNITY CASE, PUT THE MINOR CHILD'S NAME HERE. OTHERWISE LEAVE THIS BLANK

Minor Child

PUT YOUR NAME HERE

Petitioner,

v.

PUT THE OTHER PARTY'S NAME HERE

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

I will accept service at the above email address.

Phone: YOUR PHONE NUMBER

Fax: YOUR FAX NUMBER, IF YOU HAVE ONE

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

Attorney General confidential address

INSERT CASE TYPE PER ADMIN RULE 8B, OR LEAVE BLANK

- 3. This is a 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 WHETHER THERE IS A RELATED CASE Yes No

Caption and case number of related cases:

**IF THERE IS A RELATED CASE, COMPLETE THIS INFORMATION**

Caption: \_\_\_\_\_ Case No.: \_\_\_\_\_

Caption: \_\_\_\_\_ Case No.: \_\_\_\_\_

Caption: \_\_\_\_\_ Case No.: \_\_\_\_\_

Additional information as required by local rule:

**IF ADDITIONAL INFORMATION IS REQUIRED BY LOCAL RULE, INSERT IT HERE.**

**PRINT THIS FORM AND SIGN HERE**

\_\_\_\_\_  
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 \_\_\_\_\_ CAUSE NO. \_\_\_\_\_

IN RE THE \_\_\_\_\_ OF:

\_\_\_\_\_  
Minor Child (*Paternity Only*)

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

\_\_\_\_\_  
Petitioner,

v.

\_\_\_\_\_  
Respondent.

**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 CHILDREN YOU LIVE WITH.
- 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 FINANCIALLY SUPPORT.
- The combined income of all persons I am responsible for supporting is \$ TOTAL INCOME OF ALL per month (**total from below**).  
THE PEOPLE YOU FINANCIALLY SUPPORT

**Income Received Each Month (before taxes)**

Wages (\$ <u>HOURLY PAY</u> per hour x <u>HOURS WORKED</u> hours per month) <small>EACH MONTH</small>	\$ <u>TOTAL MONTHLY WORK INCOME</u>
Unemployment Compensation	\$ <u>TOTAL MONTHLY UNEMPLOYMENT</u>
AFDC/TANF Benefits	\$ <u>TOTAL MONTHLY AFCS/TANF</u>
SSI/SSD Benefits	\$ <u>TOTAL MONTHLY SSI/SSD BENEFITS</u>
Child Support	\$ <u>TOTAL MONTHLY CHILD SUPPORT RECEIVED</u>
Other (please describe) <u>DESCRIPTION OF OTHER MONTHLY INCOME YOU RECEIVE</u>	\$ <u>TOTAL OF OTHER MONTHLY INCOME</u>
<b>Total Income</b>	\$ <u>TOTAL INCOME</u>

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

YOU CAN LEAVE THIS BLANK FOR NOW AND COMPLETE AFTER YOU FILL IN THE CHART BELOW.

### Monthly Expenses

Housing (Rent, Contract, or Mortgage)	\$ MONTHLY COST OF HOUSING
Utilities (Gas, Elective, Water, Phone, etc.)	\$ MONTHLY TOTAL OF UTILITY BILLS
Food	\$ MONTHLY COST OF FOOD
Child Care	\$ MONTHLY COST OF CHID CARE
Medical Bills	\$ MONTHLY COST OF MEDICAL BILLS
Transportation	\$ MONTHLY COST OF TRANSPORTATION
Insurance (Car, Medical, and/or Property)	\$ MONTHLY INSURANCE COST
Child Support	\$ MONTHLY CHILD SUPPORT PAID
Other (please describe) DESCRIBE OTHER MONTHLY EXPENSES YOU PAY	\$ OTHER MONTHLY EXPENSES TOTAL
<b>Total Expenses</b>	<b>\$ TOTAL OF ALL MONTHLY EXPENSES</b>

**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.**

PRINT THIS FORM AND DATE HERE

Date

PRINT THIS FORM AND SIGN HERE

Signature

YOUR NAME

Printed Name

STATE OF INDIANA IN THE \_\_\_\_\_ COURT

COUNTY OF \_\_\_\_\_ CAUSE NO. \_\_\_\_\_

IN RE THE \_\_\_\_\_ OF:

\_\_\_\_\_  
Minor Child

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

\_\_\_\_\_  
Petitioner,

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 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.

LEAVE BLANK

\_\_\_\_\_  
Date

LEAVE BLANK

\_\_\_\_\_  
Judicial Officer

Distribution:

YOUR NAME

\_\_\_\_\_  
YOUR ADDRESS