

Caption: _____ Case No.: _____

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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
COURT

IN THE _____

COUNTY OF _____

CAUSE NO. _____

IN RE THE MATTER OF:

Petitioner

v.

Respondent

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

