

STATE OF INDIANA) IN THE VANDERBURGH SUPERIOR/CIRCUIT COURT
) SS:
 COUNTY OF VANDERBURGH) CAUSE NO. _____

 Petitioner
 vs.

 Respondent

VERIFIED MOTION FOR FEE WAIVER

_____ now states:

1. I have filed a court action against someone or someone has filed a court action against me and I believe that I have a case with merit.
2. I cannot pay any of the filing fees, costs, security, bond, or other expenses of this action because I do not have sufficient income or resources.
3. I live with _____.
4. Our family income is \$_____ per month. **(Total from income line 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	=	\$ _____

5. We have \$_____ in the bank.
6. Our expenses total \$_____ per month: **(Total from expenses line 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 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.

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

Signature

Print your name

Mailing address

Town, State and Zip Code

ORDER ON FEE WAIVER

This Motion for Fee Waiver is:

GRANTED,

It is therefore **ORDERED** that the 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.

OR

DENIED.

Date

Judge

Court

Distribution:

Print your name

Print the other side's (or their attorney's) name

Mailing Address

Mailing address

Town, state and zip code

Town, state and zip code

Telephone number, with area code

Telephone number, with area code