

STATE OF INDIANA )  
 ) SS:  
COUNTY OF ELKHART )

IN THE ELKHART SUPERIOR COURT #4  
GOSHEN, INDIANA

CAUSE NO. 20D04-\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_

\_\_\_\_\_  
Plaintiff/Counter-Plaintiff

### VERIFIED MOTION FOR FEE WAIVER

\_\_\_\_\_  
Defendant/Counter-Defendant

The Plaintiff/Counter-Plaintiff now states:

1. I wish to file this action and I believe that 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 \_\_\_\_\_.
4. Our family's income 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) _____	+ _____
<b>Total =</b>	_____

5. We have \$\_\_\_\_\_ in the bank.
6. Our expenses total \$\_\_\_\_\_ per month. **(Total from 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) _____	+ _____
<b>Total =</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.

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

Date: \_\_\_\_\_

\_\_\_\_\_  
Plaintiff #1 Signature

\_\_\_\_\_  
Signature

### **CERTIFICATE OF SERVICE**

I hereby certify that a copy of this document was sent to the parties or their counsel by \_\_\_\_\_  
(U.S. Mail, E-Service, Sheriff, other any manner allowed by Indiana Trial Rules).

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name