

STATE OF INDIANA )  
 ) ss:  
COUNTY OF ELKHART )

IN THE ELKHART SUPERIOR/CIRCUIT COURT

CASE NO: \_\_\_\_\_

\_\_\_\_\_  
Plaintiff

\_\_\_\_\_  
Respondent

### VERIFIED MOTION FOR FEE WAIVER

The FILER 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) \_\_\_\_\_  
**Total =** \_\_\_\_\_

5. Money 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) \_\_\_\_\_  
**Total =** \_\_\_\_\_

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

/s/ \_\_\_\_\_  
Signature