

STATE OF INDIANA)
)
COUNTY OF ELKHART)

IN THE ELKHART SUPERIOR COURT

CASE NO: _____

Name of Filer

Name of Responding

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 (*received*) _____
Other (*please describe*) _____
Total = _____

5. Money in your checking/savings _____.
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 (*car payment, gas, bus, Lyft/Uber*) _____
Insurance (*car, medical and/or property*) _____
Child Support Payments _____
Other (*please describe*) _____

Total = _____

I request that this Court waive all costs of filing this action and allow me to proceed without the payment of any filing fees or costs.

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

Date

/s/ _____
Signature