STATE OF INDIANA)
)
COUNTY OF ELKHART)

IN THE ELKHART SUPERIOR/CIRCUIT COURT

CASE NO: _____

STATE OF INDIANA
Plaintiff,
v

_____
Defendant.

MOTION TO WAIVE COURT FEES AND FINES

I hereby affirm under penalty of perjury that the following information is accurate and complete. I believe that I lack the financial resources to pay the fees and fines. I hereby request the Court waive the court costs and fees in this matter. In support of this request, I affirm that the following information is true and accurate.

SECTION 1: IDENTIFYING INFORMATION

Name: _____

Date of Birth: _____ Social Security (*last four*): _____

Do you have pending criminal charges in Elkhart County for which a Public Defender has been assigned? ☐ Yes ☐ No

SECTION 2: HOUSEHOLD & EMPLOYMENT

Are you experiencing homelessness? ☐ Yes ☐ No Are you married? ☐ Yes ☐ No

Where do you live? _____

How many people, other than yourself, do you support? Adults: _____ Children: _____

Do you live with or share expenses with another adult? ☐ Yes ☐ No

If yes, what is the **take home** pay per week of additional adults? _____

Are you employed? ☐ Yes ☐ No

If yes, name of employer: _____

What is your employer's address? _____

What type of work do you do? _____

How long have you had this job? _____

How many hours per week do you work? _____ What is your **take home** pay per week? $_____

If you do not work full time, when was the last time you worked a full (30+ hours) week? _____

If you have not worked a full week recently, when do you think you will next work a full week?

_____

SECTION 3: PUBLIC ASSISTANCE

Please check the boxes for programs that you are currently enrolled in or receive benefits through:

☐ Supplemental Security Income (*SSI*)
☐ Temporary Assistance to Needy Families (*TANF*)
☐ Medical Assistance (*Medicaid, Health Advantage, HIP*)
☐ Public Housing Assistance (*i.e., Section 8*)
☐ Supplemental Nutrition Assistance Program (*food stamps, SNAP*)
☐ Other Public assistance program(s) (*please list*): _____

SECTION 4: INCOME, EXPENSES, & ASSETS *Please list your MONTHLY income and expenses below.*

INCOME		EXPENSES	
Salary/Wages (after tax):	$_____	Mortgage/Rent:	$_____
Social Security (SSI, SSD, SSR):	$_____	Utilities	$_____
Unemployment	$_____	Child Support/Alimony:	$_____
Worker's Compensation	$_____	Medical	$_____
Pension/Retirement	$_____	Food:	$_____
Fund Annuities	$_____	Transportation	$_____
Dividends	$_____	Business, Farming, Education,	
Contributions from Family	$_____	or Employment related expenses:	$_____
Other _____	$_____	Other _____	$_____
TOTAL MONTHLY INCOME	$0_____	**TOTAL MONTHLY EXPENSES**	$0_____

Please list any ASSETS you own.

Cash, Savings, Checking, Stocks, Bonds, or Certificates of Deposit:	$ _____
Value of Home:	$ _____
Amount Owed on Home:	$ _____
Equity in Home:	$ _____
Other: _____	$ _____
TOTAL ASSETS:	$ 0_____

_____ /s/_____
Date Signature

_____ _____
Email Address Printed Name