

STATE OF INDIANA)
)
COUNTY OF ELKHART)

IN THE ELKHART SUPERIOR COURT 6

CASE NO: _____

IN RE: THE _____ OF: _____
(Child's Name if Required)

Name of Person Filing

Mother Father Alleged Father
 Husband Wife Other: _____

And

Name of Person Responding

Mother Father Alleged Father
 Husband Wife Other: _____

VERIFIED MOTION FOR FEE WAIVER

Comes now, _____, self-represented, and 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 monthly income before taxes is as follows:

_____ 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 the bank

6. Our family's monthly expenses are as follows:

_____ Housing (rent, contract, or mortgage)
_____ Utilities (gas, electric, water, phone, etc.)
_____ Food
_____ Childcare
_____ Medical Bills
_____ Transportation
_____ Insurance (car, medical, and/or property)
_____ Child Support (Payment)
+ _____ 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 for perjury that the foregoing representations are true.

/s/
Signature

Date

Printed Name

Email Address