

STATE OF INDIANA)
) ss:
COUNTY OF ELKHART)

IN THE ELKHART SUPERIOR COURT 5
CASE NO: 20D05-_____

Petitioner

V.

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