

STATE OF INDIANA)
)
 COUNTY OF MONROE)

IN THE MONROE CIRCUIT COURT _____
 CASE NO. _____

 PLAINTIFF/PETITIONER,

AND/V.

 DEFENDANT/RESPONDENT.

MOTION FOR FEE WAIVER

The Plaintiff/Petitioner now moves for a waiver of the filing fee and costs in this case and states:

1. I wish to file this action and I believe I have a case with merit.
2. I cannot pay the filing fees and costs of this action because I do not have sufficient income or resources.
3. I live with the following people, with the listed ages, and have checked whether I am financially responsible for that person:

Name	Relationship to me	Age	I am financially responsible for this person.	
			<input type="checkbox"/> Yes	<input type="checkbox"/> No
			<input type="checkbox"/> Yes	<input type="checkbox"/> No
			<input type="checkbox"/> Yes	<input type="checkbox"/> No
			<input type="checkbox"/> Yes	<input type="checkbox"/> No
			<input type="checkbox"/> Yes	<input type="checkbox"/> No
			<input type="checkbox"/> Yes	<input type="checkbox"/> No
			<input type="checkbox"/> Yes	<input type="checkbox"/> No
			<input type="checkbox"/> Yes	<input type="checkbox"/> No

4. My household has \$ _____ in the bank.
5. The combined monthly income of all people in my household is as follows:

Household Member	Type of Income	Amount
	Wages: \$ _____ per hour x _____ hours/week x 4.33	
	Wages: \$ _____ per hour x _____ hours/week x 4.33	
	Salary per month	
	Unemployment Compensation	
	TANF Benefits	
	SSI/SSD Benefits	
	Child Support	
	Other	
Total Income		

6. Our household monthly expenses are:

Housing	Rent, Contract, Mortgage	
Utilities	Gas, Elective, Water, Trash, etc.	
Phone	Landline and/or Cell and Mobile	
Food	Groceries and/or dining out	
Childcare	Daycare, before and after school care, summer daycare	
Medical Bills	Any regular payments being made for outstanding bills	
Transportation	Car payment, car insurance, bus pass	
Insurance	Car, Medical, Rental, Homeowner's, etc.	
Child Support		
Other		
Other		
Other		
Total Expenses		

7. 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.

8. I AFFIRM UNDER PENALTIES FOR PERJURY THAT THE FOREGOING REPRESENTATIONS AND STATEMENTS ARE TRUE.

9. I UNDERSTAND THAT IF I DO NOT FULLY COMPLETE THIS FORM, THAT THE COURT CANNOT CONSIDER GRANTING A FEE WAIVER.

Date

Printed Name

/s/ _____
Signature

Phone Number

Email

STATE OF INDIANA)
)
COUNTY OF MONROE)

IN THE MONROE CIRCUIT COURT ____
CASE No. 53C0

PETITIONER,

AND

RESPONDENT.

ORDER ON FEE WAIVER

The Petitioner filed a fee waiver, which the Court has reviewed. The Court issues the following ORDERS:

- The Fee Waiver is DENIED. Petitioner's income and expenses as shown on the Motion for Fee Waiver are sufficient to pay a filing fee.
- The Fee Waiver is PARTIALLY GRANTED. Petitioner shall pay an initial filing fee of \$ _____, which is a portion of the filing fee set by statute. Petitioner shall pay that sum to the Clerk within twenty (20) days.
- The Fee Waiver is GRANTED. Petitioner may file their case without pre-payment of any filing fee, costs, security, bond, or other expense.

SO ORDERED this _____.

Catherine Stafford, Judge
Monroe Circuit Court IV

Distribution:

File/RJO

Petitioner

Respondent