

AFFIDAVIT IN SUPPORT OF
MOTION TO WAIVE/DEFER FILING FEES

I, _____, being first duly sworn, state as follows:

1. I receive \$_____ per month in income for a household of _____.

Information for other persons living in my household is as follows:

Name	Is this person under 18?	Relationship (Spouse or Child)	Income
	<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		

2. The following is my additional financial information:

(a) Number of dependents: _____

Dependent's Name	Dependent's Age

(b) Receipt of public assistance:

I receive needs-based, means-tested public assistance: Yes No

If so, I receive the following type and amount: _____

(Examples: TANF, SSI, SSD, Medicaid, Food Stamps, means-tested Veterans' Benefits)

(c) Employment and income information:

Place of employment: _____

Length of time employed: from _____ to _____

Gross monthly income from employment: _____

Total gross income from all sources in the last 26 weeks: _____

(Including Unemployment, Worker's Compensation, child support, spousal support and other types of income)

(d) Any other household income (list source and amount): _____

Total Household Income: _____

[Including, but not limited to, all income sources of all household members and the answers provided in response to paragraphs 1 and 2(a)-(d).]

(e) Financial resources:

Total assets: _____ Cash on hand or on deposit: _____
I own real estate: Yes No If so, fair market value: _____
I own an automobile: Yes No If so, fair market value: _____

(f) Financial obligations:

My basic monthly living expenses are as follows:

Food: _____ Housing: _____ Utilities: _____
Medical expenses: _____ Transportation: _____
Child support paid: _____ Child care (if working): _____
Other (specify): _____

(g) Limitations:

I have the following limitations that impact my ability to secure work, such as disability, homelessness, lack of driving privileges, etc: _____

3. I am without funds or assets to give security or a cash deposit to secure costs at this time.
4. I would be deprived of the necessities of life in order to pay the advance deposit of court costs at the time of filing.
5. I understand that I must inform the court if my financial situation should change before the disposition of my case.
6. I understand that I am subject to criminal charges for providing false information.
7. I understand that this is waiver or deferment of the cost deposit but that the court costs are to be paid in this case as further ordered by the Court.
8. I understand that if this Court should deny my motion, I must pay the cost deposit within thirty (30) days or the case/motion will be dismissed.
9. I hereby represent that the information set forth above regarding my financial condition is true and complete to best of my knowledge, information and belief.

SIGNATURE

Sworn to and subscribed before me this _____ day of _____, 20__.

NOTARY PUBLIC