

**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