

STATE OF INDIANA )  
 )SS:  
COUNTY OF ALLEN )

IN THE ALLEN SUPERIOR COURT  
CASE NO.

\_\_\_\_\_  
Plaintiff

**VERIFIED MOTION FOR FEE WAIVER**

\_\_\_\_\_  
Defendant

The Plaintiff/Counter-Plaintiff 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) _____	_____
	+
	<b>Total =</b> _____

5. We have \_\_\_\_\_ 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) _____	_____
	+
	<b>Total =</b> _____

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

\_\_\_\_\_  
Signature