

WAIVER OF COURT FILING FEES QUESTIONNAIRE

NAME: _____		REQUEST DATE: _____	
PHONE: _____		EMAIL: _____	
DATE NEEDED: _____			
1. Name of Person Requesting Filing Fee Waiver:	Name: _____		
2. Occupation:	_____		
3. Employer's Name and Business Address:	Name: _____		
	Address: _____		
	City: _____	State: _____	Zip: _____
4. Spouses' Name:	Name: _____		
5. Spouses' Occupation:	_____		
6. Spouses' Employer Name and Business Address:	Name: _____		
	Address: _____		
	City: _____	State: _____	Zip: _____
7. Are you receiving financial assistance? <i>*Note: Require disclosure of Social Security Number, benefits number(s), or benefits documentation.</i>	Yes* <i>If yes, please specify:</i>	No <i>If no, answer questions 8-15:</i>	
	Social Security Income (SSI)	AFDC	
	General Relief	General Assistance	
8. Do you have fluctuations in your monthly pay and/or experiencing a financial hardship?	Yes <i>If yes, please specify:</i>	No <i>If no, it may be difficult to obtain waiver.</i>	
	Monthly gross income before taxes:	\$ _____	
	Monthly deductions: (1) _____	\$ _____	
	(2) _____	\$ _____	
	(3) _____	\$ _____	
	(4) _____	\$ _____	
Monthly take home pay:	\$ _____		
9. Do you receive other sources of income (i.e., spousal or child support, military allowances, unemployment, etc.)?	Yes <i>If yes, please specify:</i>	No <i>If no, it may be difficult to obtain waiver.</i>	
	Additional Income: (1) _____	\$ _____	
	(2) _____	\$ _____	
	(3) _____	\$ _____	
	(4) _____	\$ _____	
10. Total monthly household income:	\$ _____		

LEGAL DOCUMENT SOLUTIONS

11. Number of individuals living in house?	_____			
12. List all individuals living in your home, including spouse, who you support or depend on your support:	<u>Name</u>	<u>Age</u>	<u>Relationship</u>	<u>Gross Monthly Income</u>
	(1) _____	_____	_____	\$ _____
	(2) _____	_____	_____	\$ _____
	(3) _____	_____	_____	\$ _____
	(4) _____	_____	_____	\$ _____
13. Monthly expenses:	(1) Rent or house payment & maintenance (2) Food and household supplies (3) Utilities and telephone (4) Clothing (5) Laundry and cleaning (6) Medical and dental payments (7) Insurance (life, health, accident, etc.) (8) School and child care, if any (9) Transportation and auto expenses (insurance, gas, etc.) (10) Installment payments (specify): (a) _____ \$ _____ (b) _____ \$ _____ (c) _____ \$ _____ (d) _____ \$ _____ Total Monthly Expenses:			\$ _____ \$ _____ \$ _____ \$ _____ \$ _____ \$ _____ \$ _____ \$ _____ \$ _____ \$ _____ \$ _____ \$ _____ \$ _____ \$ _____ \$ _____ \$ _____ \$ _____ \$ _____
14. Do you own or have interest in any property (i.e., cars, real estate, etc.)?	<u>Type of Property</u>	<u>FMV</u>	<u>Loan Balance</u>	
	(1) _____	\$ _____	\$ _____	
	(2) _____	\$ _____	\$ _____	
	(3) _____	\$ _____	\$ _____	
	(4) _____	\$ _____	\$ _____	
15. Any additional facts to support fee waiver?	<p style="color: red;">Describe any unusual medical needs, recent family emergency expenses and/or other circumstances/expenses:</p> _____ _____			