

STATE OF INDIANA)
)SS:
 COUNTY OF JASPER)

IN THE JASPER CIRCUIT COURT
 SMALL CLAIMS DIVISION
 115 W. Washington St, Ste 103
 Rensselaer, Indiana
 219-866-4913

CASE NUMBER:

Plaintiff 1:	Defendant 1:
Address:	Address:
Address:	Address:
City: State: Zip:	City: State: Zip:
Phone:	Phone:
Email:	Email:
Plaintiff 2:	Defendant 2:
Address:	Address:
Address:	Address:
City: State: Zip:	City: State: Zip:
Phone:	Phone:
Email:	Email:

MOTION FOR FEE WAIVER

The Plaintiff/Counter-Plaintiff now states:

- I wish to file this action and I believe that I have a case with merit.
- I cannot pay any of the filing fees or other costs of this action because I do not have sufficient income or resources.
- I live with _____.
- 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) _____	_____
	+
	Total = _____

- We have _____ in the bank.
- 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) _____	_____
	+
	Total = _____

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

X _____
 Signature