

STATE OF INDIANA
COUNTY OF MARION

MARION COUNTY SMALL CLAIMS COURT
PERRY TOWNSHIP DIVISION
CAUSE NO. 49K04 _____

Plaintiff

v.

Defendant

VERIFIED MOTION FOR WAIVER OF FEES AND COSTS

The Plaintiff now states:

1. I wish to file this action and I believe 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. Number of persons in my household over eighteen (18) Years of age. _____.
4. Number of persons in my household under eighteen (18) years of age _____.
5. I am responsible for the financial support of the following number of persons in my household _____ (include number of all financially dependent members of household).
6. I have a combined household income of \$ _____ per month (**Include all income from all members of the household**).

INCOME RECEIVED EACH MONTH (BEFORE TAXES)

Wages	\$
Unemployment Compensation	\$
AFDC/TANF Benefits	\$
SSI/SSD Benefits	\$
Child Support	\$
Other (please describe)	\$
TOTAL INCOME	\$

MONTHLY EXPENSES

Housing (Rent, Contract, Mortgage)	\$
Utilities (Gas, Electric, Water, Phone, etc)	\$
Food	\$
Child Care	\$
Medical Bills	\$

Transportation	\$
Insurance (Car, Medical, Property)	\$
Child Support	\$
Other (Explain, Briefly)	\$
Total Expenses	\$

7. Please list assets below, with total.

We have \$ _____ in the bank.

Real estate titled in my name and approximately worth:

A. _____ \$ _____

B. _____ \$ _____

Value of other property I own that is valued over \$500.00 (E.G., Vehicle):

A. _____ \$ _____

B. _____ \$ _____

Total of all assets \$ _____

- I. I request this Court waive all costs of this action and allow me to proceed without the payment of any filing fees or other costs.
- II. I affirm under penalty of perjury that the foregoing representations and statements are true.

Date

Signature

Printed Name