

STATE OF INDIANA)
) SS:
COUNTY OF MARION)

IN THE SMALL CLAIMS COURT OF

Washington Township

5302 N. Keystone Ave., Ste. E
Indianapolis, In 46220

Phone: 317-327-8184

Fax: 317-327-8190

Plaintiff,

vs.

Cause No. 49K07-_____

Defendant.

Verified Motion for WAIVER OF FILING FEES & COST(S)

The Petitioner states:

1. I wish to file this action and I believe that I have a case with merit.
2. I cannot pay the filing fees or other costs of this action because I do not have sufficient income.
3. My income is \$_____ per month. (*Income 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 (describe: _____)	_____
= <i>Income Total</i>	_____

4. My expenses total \$_____ per month. (*Expense Total from below*)
(*Expenses each month*)

Housing (Rent, Contract, or Mortgage)	_____
Utilities (Gas, Electric, Water, etc.)	_____
Food	_____
Child care	_____
Medical costs	_____
Transportation	_____
Insurance (medical, car, and/or property)	_____
Child support	_____
Other (describe: _____)	_____
= <i>Expense Total</i>	_____

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5. My assets total \$ _____. (*Asset Total from below*)

I have \$ _____ in the bank.

This real estate is titled in my name and worth:

A. _____

B. _____

Other property that I own that is valued at over \$500 (E.g., car) :

A. _____

B. _____

= *Asset Total* _____

6. I am being represented by an attorney of an organization (such as Indiana Legal Services, Inc. and Neighborhood Christian Legal Clinic) that uses generally accepted standards of poverty to determine eligibility for its services. The organization is: _____.

I request that this Court waive all or part of the filing fee and other cost(s), consistent with Rule LR49-SC00-202, and allow me to proceed with this action.

I affirm under the penalties of perjury of the State of Indiana that the above statements are true and accurate.

Signature of Party