

**Form Number 2**

1 STATE OF INDIANA ) IN THE WARRICK SUPERIOR COURT NO. 1  
2 ) SS:  
3 COUNTY OF WARRICK ) CASE NO. \_\_\_\_\_  
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6 \_\_\_\_\_  
7 Petitioner,

8 V.

9 \_\_\_\_\_  
10 Respondent.

11 **VERIFIED MOTION FOR FEE WAIVER**

12 \_\_\_\_\_ now states:

13 1. I have filed a court action against someone or someone has filed a court action against me and I  
14 believe that I have a case with merit.

15 2. I cannot pay any of the filing fees, costs, security, bond, or other expenses of this action because I do  
16 not have sufficient income or resources.

17 3. I live with \_\_\_\_\_.

18 4. Our family's income is \$\_\_\_\_\_ per month. *(Total from line #31 below)*

19 ***(Income received each month, before taxes)***

20 Wages (\$\_\_\_\_\_ per hour x \_\_\_\_\_ hours per month) \_\_\_\_\_  
21 Unemployment Compensation \_\_\_\_\_  
22 AFDC / TANF Benefits \_\_\_\_\_  
23 SSI / SSD Benefits \_\_\_\_\_  
24 Child Support \_\_\_\_\_  
25 Other (please describe): \_\_\_\_\_ + \_\_\_\_\_

26 ***Total =*** \$\_\_\_\_\_

27 5. We have \$\_\_\_\_\_ in the bank.

28 6. Our expenses total \$\_\_\_\_\_ per month: *(Total from line #47 below)*

29 ***(Expenses spent each month)***

30 Housing (Rent, Contract, or Mortgage) \_\_\_\_\_  
31 Utilities (Gas, Electric, Water, Phone, etc.) \_\_\_\_\_  
32 Food \_\_\_\_\_  
33 Child Care \_\_\_\_\_  
34 Medical Bills \_\_\_\_\_  
35 Transportation \_\_\_\_\_  
36 Insurance (car, medical and/or property) \_\_\_\_\_  
37 Child Support \_\_\_\_\_  
38 Other (please describe): \_\_\_\_\_ + \_\_\_\_\_

39 ***Total*** \$\_\_\_\_\_

**Form Number 2 (continued)**

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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.

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Signature

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Print your name

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Mailing address

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Town, State and Zip Code