

# NEW JERSEY JUDICIARY

\_\_\_\_\_  
**Plaintiff**

## FILING FEE WAIVER REQUEST

Based on Inability to Pay

VS.

\_\_\_\_\_  
**Defendant**

<b>Applicant's Name:</b>			<b>Docket Number:</b>
<b>Last:</b>	<b>First:</b>	<b>MI:</b>	
<b>Home Address:</b>			<b>Home Phone #:</b> (    )
Street: _____ Apt No.: _____			
City: _____ State: _____ Zip: _____			<b>Number of Dependents</b>

I, \_\_\_\_\_, am over the age of 18 and request no court fee be charged as I am without funds to pay the fee. I am a (check one) **Plaintiff** **Defendant** in the following court:

Civil                     
  Special Civil Part                     
  General Equity                     
  Probate

**The following are facts about my financial condition. My income before taxes is:**

Salary (per month): \$	Other Income (per month): \$
Specify source of other income, including six months of prisoners' account statements in accordance with N.J.S.A. 30:4-16.3 (per month):	

**The following is a complete list of everything I own and owe, as far as I know:**

Own	Amount \$	Owe (per month)	Amount \$
Money in any bank accounts		Rent/mortgage	
Automobiles		Food	
Real estate		Utilities	
Insurance with cash value		Alimony/child support	
Money owed to me		Auto payment	
Other (specify)		Other (specify)	
<b>TOTALS</b>		<b>TOTALS</b>	

Please attach documents as to income (pay stubs, welfare documents, unemployment documents, last bank statement, etc.)

I certify the statements made by me in this document are true and that my proposed pleading is attached. I understand that if I give any false information, I may be punished by the court.

**I am signing this statement to explain to the court why I am unable to pay any court fees in this lawsuit. (Rule 1:13-2(a))**

**Fee Waived:**  Yes  No

Signature (Applicant):
Date:
_____ (Print Name)

Signature (Judge):
Date:
_____ (Print Name)