

STATE OF INDIANA )  
 ) SS: IN THE ST JOSEPH SUPERIOR COURT  
 COUNTY OF ST JOSEPH ) SMALL CLAIMS DIVISION, SOUTH BEND  
 )  
 CAUSE NO.:

\_\_\_\_\_  
 Plaintiff(s)  
 vs  
 \_\_\_\_\_  
 Defendant(s)

**VERIFIED MOTION FOR FEE WAIVER**

The Plaintiff now states:

1. I wish to file this action and I believe that 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. I live with (number) \_\_\_\_\_ adults and \_\_\_\_\_ children.
4. 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)	+ _____
_____	<b>Total=</b> _____

5. We have \$\_\_\_\_\_ in the bank.
6. 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):	+ _____
_____	<b>Total=</b> _____

I request that this Court waive all costs of this action and allow me to proceed without payment of any filing fees or other costs.

I affirm under the penalties of perjury, that everything I have written in this motion is true.

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Signature