

APPLICATION TO WAIVE FILING FEES AND COSTS
(State Standardized Form)

GENERAL INSTRUCTIONS

If a party to an action cannot afford filing fees, under certain circumstances the law allows the Court to waive the filing fees and the service fees.

A waiver of fees is not automatic.

To be considered for a waiver of fees, you must show the Court that you are indigent and cannot afford the fees. The following Application must be filled in completely and accurately. If you leave out any information, the court may not consider your request for a waiver.

A. STEP 1: Filling out the Application to Waive Filing Fees and Costs

1. Print your name, address and telephone number in the upper left corner.
2. Fill in the heading of your case just as it appears on the other documents you want to file. If you are filing the documents under a case that already has a number and department assigned to it, fill in that information. **If you are filing a new case, leave the Case No. and Department No. blank.**
3. If you have questions regarding what information to include on your Application, see a private attorney.
4. The application must either be signed in front of a Notary Public or taken to the Court Clerk's office and signed in front of a Clerk.

B. STEP 2: Filling out the Order Regarding Waiver of Filing Fees and Costs

1. Fill in the heading just as it appears on your other documents.
2. Fill in your name where indicated on the form and fill in your name, address and telephone number on the last page.
3. Do not fill in the date. The judge will fill that information in when he/she signs the Order.
4. Make one (1) copy of the order.

C. STEP 3: Copying and filing the documents

1. Take the original and copies of the other documents you are filing and the original and copies of the Application and Order to the Court Clerk's office to turn them in. The Court Clerk will then forward your documents to the judge for consideration.
2. When the court makes a decision on the fee waiver, a copy of the Order will be mailed to you.
3. **If your fee waiver is granted** you will receive a copy of the Order Waiving Fees and the file stamped copies of your other documents.
4. **If your fee waiver is denied** and you still want to pursue your case, pay the filing fee at the Clerk's office.

The filing of a false (untruthful) affidavit in support of the application can result in the Court assessing the fees and upon a hearing, based on contempt of court, result in a fine not exceeding \$500.00 or imprisonment not exceeding 25 days or both. NRS 22.010 and NRS 22.100.

Your name: _____
Mailing Address: _____
City, State, Zip: _____
Telephone: _____
In Proper Person _____

**In The First Judicial District Court of the State of Nevada
In and for Carson City**

_____) Case No. _____
_____)
_____) Dept. No. _____
_____)
Plaintiff,)
vs.)
_____)
_____)
Defendant.)
_____)

APPLICATION TO WAIVE FILING FEES/SERVICE ONLY

Pursuant to NRS 12.015, and based on the following Affidavit, I request permission from this Court to proceed without paying court costs or other costs and fees as provided in NRS 123.015 because I lack sufficient financial ability.

AFFIDAVIT

STATE OF NEVADA)
) ss.
CITY OF CARSON CITY)

I, _____, after being duly sworn, depose and state as follows:
(Your name)

1. I have read the contents of this Application and am competent to testify as to the contents of this Application and the contents are true of my own knowledge.
2. I am unable, because of my financial poverty, to pay the costs and fees of this case, and I am unable to give security for the costs and fees in this matter.
3. I wish to file with this Court the pleading submitted with this Application. I cannot pay the costs of filing because I lack sufficient income, assets or other resources. Including myself, there are _____ adults and _____ children in my household. Their age(s) is/are _____

My total monthly income after taxes (take home pay) is:

From all sources, including employment, self-employment, Social Security, child support, alimony, State and County benefits, etc. \$ _____

Any other household income from another member of the household:

Relationship to other member: _____ Amt contributed: \$ _____
 Relationship to other member: _____ Amt contributed: \$ _____
 Relationship to other member: _____ Amt contributed: \$ _____

List where you work and your job title: _____

The following represent a list of my assets and their value:

Automobile:	<u>Value</u>	<u>Loan Balance</u>
_____ \$ _____ (Year and type of car)	\$ _____	\$ _____
Mobile Home, House or Other Real Estate:		
_____ \$ _____ (Size, type and/or year of account)	\$ _____	\$ _____
Bank Accounts:		
_____ \$ _____ (Name of bank and type of account)	\$ _____	\$ _____
Other:		
_____ \$ _____	\$ _____	\$ _____
_____ \$ _____	\$ _____	\$ _____

1 My total monthly expenses are:

2
3 Rent or Mortgage \$ _____
4 Phone, Gas, Electricity, and other Utilities \$ _____
5 Food \$ _____
6 Child Care \$ _____
7 Insurance \$ _____
8 Medical \$ _____
9 Transportation \$ _____
10 Child support and child care expenses paid to someone else \$ _____
11 Other \$ _____
12 _____
13 **TOTAL MONTHLY EXPENSES** \$ _____
14

15 I request that the Court hold a hearing on this Application if the Court is inclined to deny
16 the same so that I may testify as to my indigent status.

17 _____
18 (Your Signature)

19 _____
20 Certified before me pursuant to NRS 3.300(2) this ____ day of _____, 20 ____.

21 _____
22 Clerk
23
24
25

1 STATE OF NEVADA)
2) ss.
3 COUNTY OF CARSON)

4 On this _____ day of _____, 20_____, personally appeared before
5 me, the undersigned, a Notary Public in and for the County of _____,
6 State of Nevada, _____, personally known to me or proved to
7 me to be the person whose name is subscribed to the above instrument and who acknowledged
8 that she/he executed the above instrument freely and voluntarily and for the uses and purposes
9 therein mentioned.

10 _____
11 NOTARY PUBLIC

Your name: _____
Mailing Address: _____
City, State, Zip: _____
Telephone: _____
In Proper Person _____

**In The First Judicial District Court of the State of Nevada
In and for Carson City**

_____) Case No. _____
_____)
_____) Dept. No. _____
_____)
Plaintiff,)
vs.)
_____)
_____)
Defendant.)
_____)

ORDER REGARDING WAIVER OF FEES AND COSTS

(Filing Fees/Service Only)

Upon consideration of _____'s Application to
(Your Name)

Waive Filing Fees/Service Only and it appearing that there is not sufficient income, property or resources with which to maintain the action, and good cause appearing therefore:

IT IS HEREBY ORDERED that _____'s
(Your Name)

request to waive fees and costs is GRANTED. _____
(Your Name)

shall be permitted to proceed in Forma Pauperis with this action as permitted by NRS 12.015.

He/she shall proceed without the prepayment of costs or fees or the necessity of giving security, and the Clerk of court shall file or issue any necessary writ, process, pleading, or paper without charge. The Sheriff or other appropriate officer within this State shall make personal service of

1 any necessary writ, pleading, or paper without charge, If this party prevails in this action, the
2 court shall enter an order pursuant to NRS 12.015 requiring the opposing party to pay into the
3 Court, within five (5) days, the costs which would have been incurred by the prevailing party,
4 and those costs must then be paid as provided by law.

5 IT IS HEREBY ORDERED that _____'s
6 (Your Name)

7 request to waive fees and costs is DENIED for the following reason:

8 A. The party is not indigent.

9 B. Other: _____
10

11 DATED this _____ day of _____, 20____.

12 _____
13 DISTRICT COURT JUDGE
14

15 Respectfully submitted: _____

16 (Your signature) _____

17 (Your name) _____

18 (Address) _____
19 _____

20 (Telephone) _____
21

22 ///

23 ///

24 ///