

1 Name: _____
2 Mailing Address: _____
3 City, State, Zip: _____
4 Telephone: _____
5 *In Proper Person*

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

8 _____, Plaintiff,
9 vs.
10 _____, Defendant.
11
12

Case No.: _____ 1B
Dept. No.: _____

13 **APPLICATION AND DECLARATION**
14 **TO WAIVE FEES AND COSTS**

15 I, _____, declare that pursuant to NRS 12.015, I am
16 (Print Your Name)
17 requesting permission from this Court to proceed without paying court costs or other costs and
18 fees because I cannot afford to pay such expenses.

19 A.

20 **Monthly Benefits Received:**
21 Check each box that applies to you. You may need to check more than one box.
22 If you are not receiving any of the benefits listed, proceed to section B.

23 I receive benefits from one or more of the following programs (please check all that apply):

24 Supplemental Security Income (SSI); Food Stamps; Temporary Assistance for
25 Needy Families (TANF); Medicaid; Subsidized Housing through Reno Housing
26 Authority; Client of Legal Services; Other State or Federal Program of Assistance

27 _____
28 (Name of Program)

1 B.

2 **Monthly Money Earned and Received:**

3 Check each box that applies to you and fill in the information requested. You may
4 need to check more than one box.

5 I am working and my hourly wage is \$_____. I work _____ hours per week.

6 I am not paid by the hour; I receive a salary in the following amount:

7 \$_____ per year **OR** \$_____ per month.

8 I receive commissions or tips each month in the following amount: \$_____

9 I receive unemployment benefits each week in the following amount: \$_____

10 I receive veterans or social security benefits (retirement, disability,
11 widowhood, dependents, or survivor) each month in the following amount: \$_____

12 I receive child support, spousal support, or alimony each month in the
13 following amount: \$_____

14 I receive pension or annuity payments each month in the following amount: \$_____

15 I receive other sources of income (such as rent, military basic allowance for
16 quarters (BAQ), veterans payments, annuities, or trust payments) each month
17 in the following amount: \$_____

18 I am not employed at the present time and am not receiving any kind of income or benefits.

19 (If you have checked this box, please explain how you are meeting your basic living needs.

20 For example, are you living with others who are helping to support you, are you in a homeless
21 shelter, or are you meeting your needs in other ways?) Please explain here:
22
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If more room is needed, attach additional sheets.

1 C.

2 **Total Monthly Expenses:**
 3 Fill in the requested information.

4 Rent or Mortgage \$ _____

5 Phone, gas, electricity and other utilities \$ _____

6 Food \$ _____

7 Childcare \$ _____

8 Insurance \$ _____

9 Medical \$ _____

10 Transportation \$ _____

11 Other: _____ \$ _____

12 **Total Expenses Per Month** \$ _____

13 D.

14 **List of Assets and Their Value:**
 15 Check each box that applies to you and fill in the information requested.
 16 You may need to check more than one box.

17 Motor Vehicle(s): What is it worth? Amount owed.

18 _____ \$ _____ \$ _____
 19 (Print the Year, Make, and Model)

20 _____ \$ _____ \$ _____
 21 (Print the Year, Make, and Model)

22 I do not own a Motor Vehicle

23 Home or Real Estate other than where you live:

24 _____ \$ _____ \$ _____

25 I do not own a Home or Real Estate

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What is it worth? Amount owed.

Accounts or Other Personal Property (saving, checking, stocks, bonds, investments, retirement, jewelry, furs, furniture, etc.). Please write it here:

_____ \$ _____ \$ _____

_____ \$ _____ \$ _____

I have cash in the amount of: \$ _____

E.

People Who Live in Your Home:
Include only your spouse, children, and other people in the home who you help to support or who help to support you. When listing children please include only their initials rather than their first and last names. If a person helps support you, list the amount of money they contribute each month.

Name	Age	Relationship	Gross Monthly Contribution
(1) _____	_____	_____	\$ _____
(2) _____	_____	_____	\$ _____
(3) _____	_____	_____	\$ _____
(4) _____	_____	_____	\$ _____
(5) _____	_____	_____	\$ _____
(6) _____	_____	_____	\$ _____
(7) _____	_____	_____	\$ _____
(8) _____	_____	_____	\$ _____

If more room is needed, attach additional sheets.

1 F.

2 If there is additional information you believe the Court should consider, write it here:

3 _____

4 _____

5 _____

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14 _____

15 If more room is needed, attach additional sheets.

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17 This document does not contain the personal information of any person as defined by

18 NRS 603A.040.

19 **I declare under penalty of perjury under the law of the State of Nevada that the**

20 **foregoing is true and correct.**

21

22 Date: _____ Your Signature: _____

23

24 Print Your Name: _____