

STATE OF INDIANA )  
 ) SS:  
 COUNTY OF JOHNSON )  
 IN THE MATTER OF: )  
 \_\_\_\_\_ )

IN THE JOHNSON CIRCUIT COURT  
 JUVENILE AND FAMILY DIVISION  
 CAUSE NO. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

(Child's name)

**VERIFIED MOTION FOR FEE WAIVER OR REDUCTION**

The Petitioner now states:

- That I wish the Court to reconsider its order
- That I am the parent/guardian of the above listed child and I reside at \_\_\_\_\_
- I/We (select one): rent \_\_\_\_\_; are purchasing \_\_\_\_\_

- Our family's income is: \_\_\_\_\_  
 (income received each month, before taxes) or  
 Wages (\$ \_\_\_\_\_ per hour X \_\_\_\_\_ hours per month) \_\_\_\_\_  
 Unemployment Compensation \_\_\_\_\_  
 AFDC/TANF benefits \_\_\_\_\_  
 Child Support received \_\_\_\_\_  
 Other \_\_\_\_\_

**INCOME**

**TOTAL:** (all above) \_\_\_\_\_

We have \$ \_\_\_\_\_  
 (in the bank, on deposit or in cash)

- Our expenses total: (**Expenses spent each month**)  
 Housing (rent, contract, or mortgage) \_\_\_\_\_  
 Utilities (gas, electric, water, phone, etc) \_\_\_\_\_  
 Food \_\_\_\_\_  
 Child care \_\_\_\_\_  
 Medical bills \_\_\_\_\_  
 Transportation (car payment, bus fare) \_\_\_\_\_  
 Insurance (car, medical, and/or property) \_\_\_\_\_  
 Child Support (paid out) \_\_\_\_\_  
 Other (please describe) \_\_\_\_\_

**EXPENSES**

**TOTAL:** (all above) \_\_\_\_\_

**Subtract total expenses from total income and list amount here:** \_\_\_\_\_

- I request that this Court waive/reduce some or all costs of the costs listed below

I AFFIRM UNDER THE PENALTIES OF PERJURY THE FOREGOING REPRESENTATIONS ARE TRUE

**FEES CURRENTLY OWED**

Probation user fees _____	How much have
Court Costs _____	you already paid
Detention Per Diem _____	total toward all
Drug/alcohol assessment _____	costs? _____
Public Defender Fee _____	
Program fees (list what program)	List a monthly
Program _____ fee _____	amount you can
Program _____ fee _____	pay toward any
Program _____ fee _____	fees not waived
Other _____ fee _____	\$ _____
Drug screen fees will not be waived	

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Print your name

\_\_\_\_\_  
 Mailing address

\_\_\_\_\_  
 Town, State, Zip code

DATE  
 RECEIVED: \_\_\_\_\_

**INCOMPLETE OR UNREADABLE FORMS MAY NOT BE CONSIDERED**