

STATE OF INDIANA)
)SS:
COUNTY OF JOHNSON)

IN RE: THE PATERNITY OF:)
)

IN THE JOHNSON _____ COURT

CAUSE NUMBER: _____

VERIFIED MOTION FOR FEE WAIVER

Petitioner, _____, now states:

1. I have filed a court action against someone or someone has filed a court action against me and I believe that I have a case with merit.
2. I cannot pay any of the filing fees, costs, security, bond or other expenses of this action because I do not have sufficient income or resources.
3. I live with _____.
4. Our family's income is \$ _____ per month (total from line #31 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): _____	_____ + _____
Total=	_____

5. We have \$ _____ in the bank.
6. Our expenses total \$ _____ per month: (total from line #47 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 specify)	_____
Total=	_____

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

I affirm under penalties of perjury that the foregoing representations are true.

Signature

Print your name

Mailing address

Town, State and Zip Code

STATE OF INDIANA)
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_____))

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ORDER ON FEE WAIVER

The Petitioner's Motion for Fee Waiver is:

_____ **GRANTED,**

It is therefore **ORDERED** that the Petitioner may file this case:

_____ without the pre-payment of any filing fees, costs, security, bond or other expenses; or

_____ upon the pre-payment of \$ _____ which is a portion of the filing fee set by statute. Such sum must be paid by the Petition to the Clerk within the next twenty (20) days. The Court will determine whether any or additional costs are to be paid at a preliminary or final hearing in this case.

OR

_____ **DENIED**

SIGNED THIS _____ DAY OF _____, 20_____.

**MICHAEL T. BOHN, MAGISTRATE
JUVENILE AND FAMILY DIVISION**

Distribution:

Petitioner(s)

Mailing address

Town, State and Zip Code

Telephone number

Email