

STATE OF INDIANA) IN THE _____ COURT
) SS:
 COUNTY OF _____)
)
 _____) CASE NO:
)
) Petitioner)
)
) and)
)
)
 _____)
) Respondent)

PETITION IN SUPPORT OF WAIVER OF FEES

COMES NOW, _____, Attorney for Petitioner, and having accepted appointment as a Pro Bono volunteer attorney through NWI Volunteer Attorneys, Inc. and pursuant to I.C. 33-37-3-2(b) affirms under penalty of perjury that:

1. The initiating party, _____, has completed an application for legal services with the above agency and was found to meet the financial eligibility guidelines for assistance pursuant to either the federal guidelines regarding income poverty levels or the established guidelines for agency eligibility; and
2. Per the Affidavit of Indigency filed herewith, the initiating party's household gross income is _____ per week/month/year and the party's monthly expenses are _____ and there are _____ people in the party's household.
3. Under the guidelines established by NWI Volunteer Attorneys, Inc, the initiating party meets the guidelines regarding income poverty levels.
4. The undersigned believes that the initiating party is entitled to the redress sought in this action.

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

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

 Signature of Attorney

STATE OF INDIANA) IN THE _____ COURT
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 _____)
) Respondent)

AFFIDAVIT OF INDIGENCY

COMES NOW, _____, Petitioner, having been accepted as a Pro Bono client by a volunteer attorney through NWI Volunteer Attorneys, Inc. and pursuant to I.C. 33-37-3-2(b) affirms under penalty of perjury that:

1. I am the initiating party and I have completed an application for legal services with the above agency and was found to meet the financial eligibility guidelines for assistance pursuant to either the federal guidelines regarding income poverty levels or the established guidelines for agency eligibility; and
2. My household gross income is _____ per week/month/year and my monthly expenses are _____ and there are _____ people in my household.
3. Under the guidelines established by NWI Volunteer Attorneys, Inc, I meet the guidelines regarding income poverty levels.

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 the penalties of perjury that the foregoing representations are true.

 Signature

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) Respondent)

ORDER ON FEE WAIVER

The Petitioner’s attorney, has filed a Petition for Waiver of Fees and the initiating party’s Affidavit of Indigency, which the Court has read and finds should be granted.

IT IS THEREFORE ORDERED that Petitioner may file this case without the initial pre-payment of any filing fees, costs, security, bond, or other expenses.

The Court will determine whether any or additional costs are to be paid at a preliminary or final hearing in this case.

 Date

 Judge