

STATE OF INDIANA ) IN THE BARTHOLOMEW \_\_\_\_\_ COURT  
 )SS: \_\_\_\_\_  
 COUNTY OF BARTHOLOMEW ) CAUSE NUMBER: \_\_\_\_\_  
 IN RE: THE GUARDIANSHIP OF: )  
 \_\_\_\_\_ )

**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:

(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.

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Signature

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Print Your Name

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Mailing Address

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Town, State and Zip Code