

## Please answer the questions below.

When you answer the questions, they will automatically fill in that information where it belongs on the following forms that you will be filing with the court. Do not leave any questions blank. Any changes you make must be made to these questions; you will not be able to modify your answers in the forms themselves. Please have all of your information handy when you are answering these questions.

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Look at the court papers for your case while answering the first five questions:

1. What is the name of the County? \_\_\_\_\_
2. What is the Case Number? \_\_\_\_\_  
(The Case Number is very important; please make sure to copy it **exactly** as it appears on the court papers)
3. What is your full name?  
\_\_\_\_\_
4. What is your street address?  
\_\_\_\_\_
5. What is your town, state, and ZIP Code?  
\_\_\_\_\_
6. What is your telephone number, with area code? \_\_\_\_\_
7. What is the full name of the other party?  
\_\_\_\_\_
8. What is the street address of the other party?  
\_\_\_\_\_
9. What is the town, state and ZIP Code of the other party?  
\_\_\_\_\_
10. What are the names of the family members who live with you (this is considered “household”)?  
\_\_\_\_\_
11. How much do you get paid an hour? \_\_\_\_\_
12. How many hours do you work in a month? \_\_\_\_\_
13. Do you or anyone else in your household receive money from unemployment? If yes, what is the monthly amount received, before any taxes are taken out? \_\_\_\_\_

14. Do you or anyone else in your household receive AFDC/TANF benefits? If yes, what is the monthly amount received, before any taxes are taken out? \_\_\_\_\_
15. Do you or anyone else in your household receive SSI/SSD benefits? If yes, what is the monthly amount received, before any taxes are taken out? \_\_\_\_\_
16. Do you or anyone else in your household receive money from child support? If yes, what is the monthly amount received, before any taxes are taken out? \_\_\_\_\_
17. Do you or anyone else in your household receive any other monthly income not asked for above? If yes, what is the monthly amount received, before any taxes are taken out? \_\_\_\_\_
18. What is the total amount of money you have in your bank, including checking and savings accounts?  
\_\_\_\_\_
19. How much does your household pay each month for the following expenses?
- a. housing? \_\_\_\_\_
  - b. utilities? (gas, electricity, water, telephone, etc.) \_\_\_\_\_
  - c. food? \_\_\_\_\_
  - d. child care? \_\_\_\_\_
  - e. medical bills? \_\_\_\_\_
  - f. transportation? \_\_\_\_\_
  - g. insurance? (car, medical and/or property) \_\_\_\_\_
  - h. child support? (pay out, not receive) \_\_\_\_\_
20. Are there other expenses your household pays out each month?  
If yes, please describe the other expenses. \_\_\_\_\_  
How much is paid out each month? \_\_\_\_\_

You have finished answering the questions. The following pages are the forms that you will be printing and then filing with the court. Please look over them to make sure the information is correct before you print them out. If you have changes, you must make them to the questions above. Once you have printed this packet, make sure you sign it on the Signature line. Your signature must be on these forms before you make copies and file it with the court.

STATE OF INDIANA ) IN THE SUPERIOR/CIRCUIT COURT  
 ) SS:  
 COUNTY OF ) CASE NO.

IN RE THE MARRIAGE OF:

Petitioner,

V. **VERIFIED MOTION FOR FEE WAIVER**

Respondent.

The Petitioner now states:

1. I wish to file this action and I believe that I have a case with merit.
2. I cannot pay any of the filing fees or other costs 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 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	+	_____
<b>Total =</b>		_____

5. We have \_\_\_\_\_ in the bank.

6. Our expenses total \_\_\_\_\_ per month: ***(Total from 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 describe)	+	_____
<b>Total =</b>		_____

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

STATE OF INDIANA ) IN THE SUPERIOR/CIRCUIT COURT  
 ) SS:  
COUNTY OF ) CASE NO.

IN RE THE MARRIAGE OF:

Petitioner,

V.

Respondent.

**ORDER ON FEE WAIVER**

The Petitioner, has filed a Verified Motion for Fee Waiver, which the Court has read and finds should be granted.

**IT IS THEREFORE ORDERED** that 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 Petitioner to the Clerk within the next 20 days.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Judge

Distribution: