**Application in Support of a Fee Waiver**

Name:

Address:

Telephone:

E-Mail:

Court of New Jersey:

County (If applicable):

Docket Number:

Plaintiff(s)/Appellant(s):

Defendant(s)/Respondent(s):

I, am the in the above-captioned matter and I make this certification in support of my request for filing fee waiver pursuant to Rule 1:13-2 or Rule 2:7-1.

1. I am requesting this relief because I do not have sufficient funds or assets with which to pay the filing fees associated with this action.
2. I an inmate in State prison or County Jail

|  |
| --- |
| \***Attachments necessary: If you are a state prison or county jail inmate, you must attach a certified copy of your prisoner’s fund account statement from the appropriate correctional institution for the six months immediately preceding the date of this application. If you are requesting a waiver of the partial filing fee requirement set forth in N.J.S.A. 30:4-16.3, you must attach an affidavit of special circumstances.** |

1. I have been determined to be eligible for .
2. Below is an accurate and full disclosure of my financial situation:

**Attachments necessary:**

**Provide two months of documentation for the following:**

* Welfare, Public Assistance, Unemployment, Disability, Social Security, Child Support/Alimony, other income.

**Provide six months of bank statements for the following:**

* All bank accounts.

1. I claimed as a dependent on someone else’s tax return.

Employer’s Name, Address and Telephone Number:

**Complete the Following Information:**

|  |  |
| --- | --- |
| Net Monthly Income | $ |
| Spousal/Cohabitant Contribution | $ |
| Unemployment/Disability | $ |
| Social Security | $ |
| Veterans Administration | $ |
| Pension | $ |
| Public Subsidies | $ |
| Child Support/Alimony | $ |
| Housing Subsidies | $ |
| Trust Fund Income | $ |
| Income from Rental Properties | $ |
| **Total Monthly Income** | $ |

|  |  |
| --- | --- |
| House(s)/Land Market Value | $ |
| Value of All Motor Vehicles | $ |
| Cash | $ |
| Current Balance Checking Accts. | $ |
| Current Balance Savings Accts. | $ |
| Civil Judgment Awards/Pending | $ |
| Current Value of Stocks/Bonds | $ |
| Face Value of CDs/IRAs/401Ks | $ |
| Money Market Accounts | $ |
| Retrievable Bail Amt. & Location | $ |
| Other Assets | $ |
| **Total Assets** | $ |

1. I understand that I am under a continuing obligation to notify the court of a change in my financial situation.

Certification

I certify that the foregoing statements made by me/us are true. I am aware that if any of the foregoing statements made by me are willfully false, I am subject to punishment.

I further certify that in accordance with Court Rule 1:38-7(b) all confidential personal identifiers have been redacted and that subsequent papers submitted to the court will not contain confidential personal identifiers.

Date

Print your name(s)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature(s)