NHJB-2849-S (07/19/2013)

**THE STATE OF NEW HAMPSHIRE JUDICIAL BRANCH**

**http://www.courts.state.nh.us**

Court Name: «court»

Case Name:

Case Number (if known):

**APPLICATION FOR WAIVER OF SUPERIOR COURT FEES AND COSTS** **OF**

«name»

(Name of Person Completing Statement)

I am unable to pay the Superior Court filing fees and Sheriff Service fees in this case, and based on my financial situation request that the Court waive these fees.

1. Monthly take home income Yours Spouse 2. Assets: Yours Spouse

Salary/Wages $ $ Cash on hand $ $

Pension $ $ Checking Acct $ $

Unemployment Comp $ $ Savings Acct $ $

Social Security $ $ Stock/Bonds/Etc. $ $

Investment Income $ $

Child Support $«childsup» $ Total: $ $

Alimony $«alimony» $

Welfare Assistance $ $

Other $ $

Total: $ $

**3. Credit Cards:**

Type of Credit Card Credit Limit Outstanding Balance

$ $

$ $

$ $

4. Additional Information (List any extraordinary expenses, debts, disability, dependents, or other factors you believe should be considered in determining your eligibility.)

**I swear or affirm that the foregoing information is true and correct to the best of my knowledge under penalties of law.**

Date Signature of Filing Party

COURT ORDER

Motion Granted Motion Granted in Part. Filing fee reduced, party to pay $ \* Motion Denied Sheriff’s Fees Waived Sheriff’s Fees Not Waived \*The Clerk’s Office shall close the file if payment is not made within 15 days of this order.

Date Presiding Justice