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Name Barber, Devon Tyler
 Address c/o: 325 E. Jimmie Leeds Rd., Suite 7-333,
Galloway, New Jersey, Atlantic County.
 Telephone Number (609) 665-9350
 Email Address DTB33@ProtonMail.com

Devon Tyler Barber,

Plaintiff(s)/Appellant(s),

v.

CARMAX BUSINESS SERVICES, LLC,
d/b/a CarMax Auto Finance, et al., & NJ MVC
 Defendant(s)/Respondent(s).

Superior _____ Court of New Jersey
Atlantic _____ County (if applicable)
 Docket Number: _____

Certification/Petition/Application in Support of a Fee Waiver

I/We, Devon Tyler Barber, am/are the
 (plaintiff(s)/ appellant(s)/ defendant(s)/ respondent(s)) in the above-captioned matter and
 I/we make this certification in support of my/our request for a filing fee waiver pursuant to *Rule 1:13-2* or *Rule 2:7-1*.

1. I/We am requesting this relief because I/we do not have sufficient funds or assets with which to pay the filing fees associated with this action.
2. I/We, am/ am not/ are/ are not 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.**

3. I have been determined to be eligible for one or more of the following: (Check applicable boxes)
 - Public Assistance (please provide your most recent award statement as proof of eligibility);
 - Social Security Disability (please provide your most recent award statement as proof of eligibility)
4. Below is an accurate and full disclosure of my financial situation. I financially support 0 dependents (not including myself). (A dependent is an individual who is a child or relative who resides in the home and relies on you for more than half of his/her support for any given calendar year)

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.

5. I/we am/ am not/ are/ are not claimed as a dependent on someone else's tax return

Employer's Name, Address and Telephone Number:
SEEKING GAINFUL EMPLOYMENT.

Complete the Following Information:

Net Monthly Income	\$ 0.00	House(s)/Land Market Value	\$ 0.00
Spousal/Cohabitant Contribution	\$ 0.00	Value of All Motor Vehicles	\$ 0.00
Unemployment/Disability	\$ 0.00	Cash	\$ 99.00
Social Security	\$ 0.00	Current Balance Checking Accts.	\$ -18.00
Veterans Administration	\$ 0.00	Current Balance Savings Accts.	\$ 0.00
Pension	\$ 0.00	Civil Judgment Awards/Pending	\$ 0.00
Public Subsidies	\$ 0.00	Current Value of Stocks/Bonds	\$ 0.00
Child Support/Alimony	\$ 0.00	Face Value of CDs/IRAs/401Ks	\$ 0.00
Housing Subsidies	\$ 0.00	Money Market Accounts	\$ 0.00
Trust Fund Income	\$ 0.00	Retrievable Bail Amt. & Location	\$ 0.00
Income from Rental Properties	\$ 0.00		
Total Monthly Income	\$ 0.00	Other Assets	\$ 0.00
			Total Assets \$ 81.00

6. I/We understand that I/we am/are under a continuing obligation to notify the court of a change in my financial situation

Certification

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

I/We 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.

10/06/2025
Date

Devon Tyler of the Barber family, in Good Faith and Honor.
Print your name(s)

B.C.J.: X(+X, dTB, Devon Tyler, A.R.R.
Signature(s)

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Order Waiving Filing Fees

This matter having been brought before the court on application of Devon Tyler Barber,
 (plaintiff(s)/ appellant(s)/ defendant(s)/ respondent(s)) for an **Order** waiving filing fees
 pursuant to *Rule 1:13-2* or *Rule 2:7-1*, and the Court having considered the moving party's financial
 information, the matter and for good cause appearing:

(Do not write below this line, For Court Use Only)

It is on this _____ day of _____, 20____, **ORDERED** that the application for a fee waiver is

Granted **Denied**

