

NOTICE: This is a public document. Do not enter personal identifying information on it, such as your full Social Security number, driver's license number, insurance policy number, vehicle plate number, active financial account, credit card number or military status. This document as submitted will be available to the public upon request.

Name Devon Tyler Barber
 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

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

Devon Tyler Barber,
 Plaintiff(s)/Appellant(s),
 v.
John W. Tumelty, Esq. and The Law Offices
of John W. Tumelty, LLC,
 Defendant(s)/Respondent(s).

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	\$ 0.00
Social Security	\$ 0.00	Current Balance Checking Accts.	\$ 51.00
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	\$ 21.00
			Total Assets \$ 72.00

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.

10/03/2025

Date

Devon Tyler Barber

Print your name(s)

Bf: X(+)X, dtb, Devon Tyler, A.R.R.

Signature(s)

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Defendant(s)/Respondent(s).

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**

