APPLICATION TO WAIVE FILING FEES AND COSTS (State Standardized Form)

GENERAL INSTRUCTIONS

If a party to an action cannot afford filing fees, under certain circumstances the law allows the Court to waive the filing fees and the service fees.

A waiver of fees is not automatic.

To be considered for a waiver of fees, you must show the Court that you are indigent and cannot afford the fees. The following Application must be filled in completely and accurately. If you leave out any information, the court may not consider your request for a waiver.

A. STEP 1: Filling out the Application to Waive Filing Fees and Costs

- 1. Print your name, address and telephone number in the upper left corner.
- 2. Fill in the heading of your case just as it appears on the other documents you want to file. If you are filing the documents under a case that already has a number and department assigned to it, fill in that information. If you are filing a new case, leave the Case No. and Department No. blank.
- 3. If you have questions regarding what information to include on your Application, see a private attorney.
- 4. The application must either be signed in front of a Notary Public or taken to the Court Clerk's office and signed in front of a Clerk.

B. STEP 2: Filling out the Order Regarding Waiver of Filing Fees and Costs

- 1. Fill in the heading just as it appears on your other documents.
- 2. Fill in your name where indicated on the form and fill in your name, address and telephone number on the last page.
- 3. Do not fill in the date. The judge will fill that information in when he/she signs the Order.
- 4. Make one (1) copy of the order.

C. STEP 3: Copying and filing the documents

- 1. Take the original and copies of the other documents you are filing and the original and copies of the Application and Order to the Court Clerk's office to turn them in. The Court Clerk will then forward your documents to the judge for consideration.
- 2. When the court makes a decision on the fee waiver, a copy of the Order will be mailed to you.
- 3. <u>If your fee waiver is granted</u> you will receive a copy of the Order Waiving Fees and the file stamped copies of your other documents.
- 4. <u>If your fee waiver is denied</u> and you still want to pursue your case, pay the filing fee at the Clerk's office.

The filing of a false (untruthful) affidavit in support of the application can result in the Court assessing the fees and upon a hearing, based on contempt of court, result in a fine not exceeding \$500.00 or imprisonment not exceeding 25 days or both. NRS 22.010 and NRS 22.100.

1	Your name: Mailing Address:
2	City, State, Zip:
3	In Proper Person
4	
5	In The First Judicial District Court of the State of Nevada
6	In and for Carson City
7) Case No
8) Dept. No
	Plaintiff,
9	vs.
10	Defendant.
11)
12	
13	APPLICATION TO WAIVE FILING FEES/SERVICE ONLY
14	Pursuant to NRS 12.015, and based on the following Affidavit, I request permission from
15	this Court to proceed without paying court costs or other costs and fees as provided in NRS
16	123.015 because I lack sufficient financial ability.
17	<u>AFFIDAVIT</u>
18	STATE OF NEVADA)
19) ss.
20	CITY OF CARSON CITY)
21	I,, after being duly sworn, declare under penalty of
22	perjury:
23	
24	
25	

	All blank	lines <u>must</u> be completed. If the dolla	ar amount or other nu	ımber is zero write "Ø".
	1.	I have read the contents of this Appl	ication and am compete	ent to testify as to the
		contents of this Application and the	contents are true of my	own knowledge.
	2.	I am unable, because of my financial	poverty, to pay the cos	sts and fees of this case,
		and I am unable to give security for	the costs and fees in thi	s matter.
	3.	I wish to file with this Court the plea	ding submitted with thi	is Application. I cannot
		pay the costs of filing because I lack	sufficient income, asse	ets or other resources.
		Including myself, there are	adults and	children
		in my household. Their age(s) is/are	2	
	My total m	onthly income after taxes (take home	pay) is:	
		ources, including employment, self-em		
	Social Secu	urity, child support, alimony, State and	d County benefits, etc.	\$
		household income from another member to other member:		\$
	Relationship	to other member:	Amt contributed:	\$ \$ \$
		you work and your job title:		
		ing represent a list of my assets and th	nair valua (if you do not	t own an assat writa
11	'none":	ing represent a fist of my assets and tr	ien varae (ir you do not	t own an asset write
-	Automobi	ile:	<u>Value</u> \$	<u>Loan Balance</u> \$
-	Mobile H	(Year and type of car) ome, House or Other Real Estate:	·	·
$\ \ _{\underline{}}$	WIOOHC II		\$\$	\$
	Bank Acc	(Size, type and/or year of account) Ounts:		
_			\$\$	\$
	Other:	(Name of bank and type of account)		
-			\$	\$
			\$	\$
11				

My total monthly expenses are:	
Rent or Mortgage	\$
Phone, Gas, Electricity, and other Utilities	\$
Food	\$
Child Care	\$
Insurance	\$
Medical	\$
Transportation	\$
Child support and child care expenses paid to someone else	\$
Other	\$
	_
TOTAL MONTHLY EXPENSES	\$
I request that the Court hold a hearing on this Application if the he same so that I may testify as to my indigent status.	e Court is inclined to o
(Your Signat	ure)
Certified before me pursuant to NRS 3.300(2) this day of	, 20
Cler	rk
Certified before me pursuant to NRS 3.300(2) this day of	

1	STATE OF NEVADA)
2	COUNTY OF CARSON) ss.
3	On this day of, 20, personally appeared before
4	me, the undersigned, a Notary Public in and for the County of
5	State of Nevada,, personally known to me or proved to
6	me to be the person whose name is subscribed to the above instrument and who acknowledged
7	that she/he executed the above instrument freely and voluntarily and for the uses and purposes
8	therein mentioned.
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10	NOTARY PUBLIC
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Your name: Mailing Address: City, State, Zip: Telephone: In Proper Person	
	istrict Court of the State of Nevada d for Carson City
) Case No
Plaintii vs.	
Defend	
<u>- </u>	NG WAIVER OF FEES AND COSTS ing Fees/Service Only)
Upon consideration of	Your Name) 's Application to
Waive Filing Fees/Service Only and it	appearing that there is not sufficient income, property or
	ction, and good cause appearing therefore:
☐ IT IS HEREBY ORDERED	O that
request to waive fees and costs is GRA	NTED(Your Name)
shall be permitted to proceed in Forma Pauperis with this action as permitted by NRS 12.015.	
He/she shall proceed without the prepay	yment of costs or fees or the necessity of giving security,
and the Clerk of court shall file or issue	e any necessary writ, process, pleading, or paper without
charge. The Sheriff or other appropriat	te officer within this State shall make personal service of
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1	any necessary writ, pleading, or paper without charge. If this party prevails in this action, the
2	court shall enter an order pursuant to NRS 12.015(4) requiring the opposing party to pay into the
3	Court, within five (5) days, the costs which would have been incurred by the prevailing party,
4	and those costs must then be paid as provided by law.
5	IT IS HEREBY ORDERED that
6 7	request to waive fees and costs is DENIED for the following reason:
8	☐ The party is not indigent.
9	Other:
10	
11	☐ The request for hearing is:
12	Granted. A hearing is set for, at
13	☐ Denied.
14	☐ Defendant is hereby notified that they must file a responsive pleading in accordance
15 16	with Rule 12 of the Nevada Rules of Civil Procedure (NRCP). The failure to comply may result
17	in a default being entered against you pursuant to NRCP Rule 55.
18	DATED this day of, 20
19	
20	DISTRICT COURT JUDGE
21	Respectfully submitted: Signature
22	Print name Address
23	
24	Telephone
25	