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

## GENERAL INSTRUCTIONS

If both parties 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.

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

A. STEP 1: Filling out the Joint 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 Joint Application, see a private attorney.

4. The Joint Application must either be signed by both parties in front of a Notary Public or taken to the Court Clerk's office and signed by both parties 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 both of the parties names 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 Joint 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. **If your fee waiver is granted** you will receive a copy of the Order Waiving Fees and the file stamped copies of your other documents.

4. **If your fee waiver is denied** 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.**

Your name: _____
Mailing Address: _____
City, State, Zip: _____
Telephone: _____
In Proper Person

# In The First Judicial District Court of the State of Nevada
# In and for Carson City

| | | |
|---|---|---|
| In the Matter of the Marriage of<br><br>_____<br>(Wife's Name)<br><br>And<br>_____<br>(Husband's Name)<br>Joint Petitioners. | )<br>)<br>)<br>)<br>)<br>)<br>)<br>)<br>)<br>) | Case No. _____ 1B<br>Dept. No. _____ |

**JOINT APPLICATION TO WAIVE FILING FEES/SERVICE ONLY**

Pursuant to NRS 12.015, and based on the following Affidavit, we request permission from this Court to proceed without paying court costs or other costs and fees as provided in NRS 123.015 because we lack sufficient financial ability.

**AFFIDAVIT**

STATE OF NEVADA )
) ss.
CITY OF CARSON CITY )

We, _____ (Wife's name), and _____ (Husband's name), after being duly sworn, depose and state as follows:

1. We have read the contents of this Joint Application and are competent to testify as to the contents of this Joint Application and the contents are true of our own knowledge.

2. We are unable, because of our financial poverty, to pay the costs and fees of this case, and we are unable to give security for the costs and fees in this matter.

3. We wish to file with this Court the pleading submitted with this Joint Application. We cannot pay the costs of filing because we lack sufficient income, assets or other resources.

WIFE
Including myself, there are _____ adults and _____ children in my household. Their age(s) is/are _____

HUSBAND
Including myself, there are _____ adults and _____ children in my household. Their age(s) is/are _____

Our total monthly income after taxes (take home pay) is:

From all sources, including employment, self-employment, Social Security, child support, alimony, State and County benefits, etc. $ _____/$ _____
(Wife) (Husband)

Any other household income from another member of the household:
Relationship to other member: _____ Amt contributed: $ _____/_____
Relationship to other member: _____ Amt contributed: $ _____/_____
Relationship to other member: _____ Amt contributed: $ _____/_____
(Wife) (Husband)

List where you work and your job title: _____ / _____
(Wife) (Husband)

The following represent a list of our assets and their value:

| Automobile: | Value | Loan Balance |
|---|---|---|
| _____ (Year and type of car) | $ _____ | $ _____ |

| Mobile Home, House or Other Real Estate: | | |
|---|---|---|
| _____ (Size, type and/or year of account) | $ _____ | $ _____ |

Bank Accounts:

_____ $ _____ $ _____
(Name of bank and type of account)

Other:

_____ $ _____ $ _____

_____ $ _____ $ _____

| Total monthly expenses are: | Wife | Husband |
|---|---|---|
| Rent or Mortgage | $ _____ | $ _____ |
| Phone, Gas, Electricity, and other Utilities | $ _____ | $ _____ |
| Food | $ _____ | $ _____ |
| Child Care | $ _____ | $ _____ |
| Insurance | $ _____ | $ _____ |
| Medical | $ _____ | $ _____ |
| Transportation | $ _____ | $ _____ |
| Child support & child care expenses paid to someone else | $ _____ | $ _____ |
| Other _____ | $ _____ | $ _____ |
| _____ | $ _____ | $ _____ |
| **TOTAL MONTHLY EXPENSES** | $ _____ | $ _____ |

**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.**

We request that the Court hold a hearing on this Application if the Court is inclined to deny the same so that we may testify as to our indigent status.

_____ _____
(Wife's signature) (Husband's signature)

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Certified before me pursuant to NRS 3.300(2) this _____ day of _____, 20_____.

_____
Clerk

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STATE OF NEVADA )
) ss.
COUNTY OF CARSON )

On this _____ day of _____, 20_____, personally appeared before me, the undersigned, a Notary Public in and for the County of _____, State of Nevada, _____, and _____, personally
(Wife's name) (Husband's name)
known to me or proved to me to be the persons whose names are subscribed to the above instrument and who acknowledged that they executed the above instrument freely and voluntarily and for the uses and purposes therein mentioned.

_____
NOTARY PUBLIC

Your name: _____
Mailing Address: _____
City, State, Zip: _____
Telephone: _____
In Proper Person

# In The First Judicial District Court of the State of Nevada
# In and for Carson City

| | | |
|---|---|---|
| In the Matter of the Marriage of<br><br>_____<br>(Wife's Name)<br><br>And<br>_____<br>(Husband's Name)<br>Joint Petitioners | ) | Case No. _____ 1B<br>Dept. No. _____ |

**ORDER REGARDING JOINT WAIVER OF FEES AND COSTS**

**(Filing Fees/Service Only)**

Upon consideration of _____/ _____'s
(Wife's name) (Husband's name)

Joint Application toWaive Filing Fees/Service Only and it appearing that there is not sufficient income, property or resources with which to maintain the action, and good cause appearing therefore:

☐ IT IS HEREBY ORDERED that _____and _____'s
(Wife's name) (Husband's name)
request to waive fees and costs is GRANTED. _____and _____
(Wife's name) (Husband's name)
shall be permitted to proceed in Forma Pauperis with this action as permitted by NRS 12.015. Both parties shall proceed without the prepayment of costs or fees or the necessity of giving security, and the Clerk of court shall file or issue any necessary writ, process, pleading, or paper

without charge. The Sheriff or other appropriate officer within this State shall make personal service of any necessary writ, pleading, or paper without charge.

☐ IT IS HEREBY ORDERED that _____ and _____'s
(Wife's name) (Husband's name)
request to waive fees and costs is DENIED for the following reason:

A. ☐ The parties are not indigent.

B. ☐ Other:_____

_____

DATED this _____ day of _____, 20_____.

_____
DISTRICT COURT JUDGE

Respectfully submitted: _____
(Your signature) _____
(Your name) _____
(Address) _____
_____
(Telephone) _____

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