

Fee Waiver Form Family Court

Case Information

Case Number: _____

Court Name: _____

Petitioner's Name: _____

Respondent's Name: _____

Hearing Date (if applicable): _____

Financial Information

- I am unemployed and have no income
- I receive government benefits (SNAP, Medicaid, SSI)
- My household income is below 150% of the federal poverty level
- Other financial hardship: _____

Required Documentation (Attach Copies)

- Proof of government benefits
- Most recent pay stub or tax return
- Statement of expenses and debts
- Affidavit explaining financial hardship

Certification and Acknowledgment

I, _____, affirm that the information provided is accurate. I understand that providing false information may result in legal consequences.

Signature: _____

Date: _____

For Court Use Only

- Approved
- Denied

Reviewed by: _____

Date: _____