

1 Code: 3866

2 Name: _____

3 Address: _____

4 Telephone: _____

5 Email: _____

6 Self-Represented Litigant

7 IN THE SECOND JUDICIAL DISTRICT COURT OF THE STATE OF NEVADA
8 IN AND FOR THE COUNTY OF WASHOE

9 _____, Case No. _____
10 Plaintiff / Petitioner,

11 vs. Dept. No. _____

12 _____,
13 Defendant / Respondent.

14 APPLICATION AND DECLARATION TO WAIVE FEES AND COSTS

15 I, _____, declare that pursuant to
16 (Print Your Name)
17 NRS 12.015, I am requesting permission from this Court to proceed without paying court costs or
18 other costs and fees because I cannot afford to pay such expenses.

19 A.

20 **Monthly Benefits Received:**
21 Check each box that applies to you. You may need to check more than one box.
22 If you are not receiving any of the benefits listed, proceed to section B.

- 23 I receive benefits from one or more of the following programs (please check all that apply):
24 Supplemental Security Income (SSI); Food Stamps; Temporary Assistance for Needy
25 Families (TANF); Medicaid; Subsidized Housing through Reno Housing Authority;
26 Client of Legal Services; Other State or Federal Program of Assistance _____

27 _____
28 (Name of Program)

B.

Monthly Money Earned and Received:

Check each box that applies to you and fill in the information requested.

You may need to check more than one box.

I am working and my hourly wage is \$ _____. I work _____ hours per week.

I am not paid by the hour; I receive a salary in the following amount:
\$ _____ per year **OR** \$ _____ per month.

I receive commissions or tips each month in the following amount: \$ _____

I receive unemployment benefits each week in the following amount: \$ _____

I receive veterans or social security benefits (retirement, disability, widowhood, dependents, or survivor) each month in the following amount: \$ _____

I receive child support, spousal support, or alimony each month in the following amount: \$ _____

I receive pension or annuity payments each month in the following amount: \$ _____

I receive other sources of income (such as rent, military basic allowance for quarters (BAQ), veterans payments, annuities, or trust payments) each month in the following amount: \$ _____

I am not employed at the present time and am not receiving any kind of income or benefits.

(If you have checked this box, please explain how you are meeting your basic living needs.

For example, are you living with others who are helping to support you, are you in a homeless shelter, or are you meeting your needs in other ways?) Please explain here:

If more room is needed, attach additional sheets.

C.

Total Monthly Expenses:

Fill in the requested information.

Rent or Mortgage	\$ _____
Phone, gas, electricity and other utilities	\$ _____
Food	\$ _____
Childcare	\$ _____
Insurance	\$ _____
Medical	\$ _____
Transportation	\$ _____
Other: _____	\$ _____
Total Expenses Per Month	\$ _____

D.

List of Assets and Their Value:

Check each box that applies to you and fill in the information requested.

You may need to check more than one box.

<input type="checkbox"/> Motor Vehicle(s):	<u>What is it worth?</u>	<u>Amount owed.</u>
_____	\$ _____	\$ _____
(Print the Year, Make, and Model)		
_____	\$ _____	\$ _____
(Print the Year, Make, and Model)		

I do not own a Motor Vehicle

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What is it worth? Amount owed.

Home or Real Estate other than where you live:
_____ \$ _____ \$ _____

I do not own a Home or Real Estate

Accounts or Other Personal Property (saving, checking, stocks, bonds, investments, retirement, jewelry, furs, furniture, etc.). Please write it here:

_____ \$ _____ \$ _____
_____ \$ _____ \$ _____

I have cash in the amount of: \$ _____

E.

People Who Live in Your Home:

Include only your spouse, children, and other people in the home who you help to support or who help to support you. When listing children please include only their initials rather than their first and last names. If a person helps support you, list the amount of money they contribute each month.

Name	Age	Relationship	Gross Monthly Contribution
(1) _____	_____	_____	\$ _____
(2) _____	_____	_____	\$ _____
(3) _____	_____	_____	\$ _____
(4) _____	_____	_____	\$ _____
(5) _____	_____	_____	\$ _____
(6) _____	_____	_____	\$ _____
(7) _____	_____	_____	\$ _____
(8) _____	_____	_____	\$ _____

If more room is needed, attach additional sheets.

F.

If there is additional information you believe the Court should consider, write it here:

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If more room is needed, attach additional sheets.

This document does not contain the personal information of any person as defined by NRS 603A.040.

I declare under penalty of perjury under the law of the State of Nevada that the foregoing is true and correct.

Date: _____

Your Signature: _____

Print Your Name: _____