

1 Code: 3866  
2 Name: \_\_\_\_\_  
3 Address: \_\_\_\_\_  
4 Telephone: \_\_\_\_\_  
5 Email: \_\_\_\_\_  
6 Self-Represented Litigant

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

10 \_\_\_\_\_, Case No. \_\_\_\_\_  
11 Plaintiff / Petitioner, Dept. No. \_\_\_\_\_  
12 vs. \_\_\_\_\_  
13 Defendant / Respondent.  
14 \_\_\_\_\_/

15 APPLICATION TO WAIVE FEES AND COSTS

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

20 **I.**

21 **Monthly Benefits Received:**

22 Check each box that applies to you. You may need to check more than one box.

23 If you are not receiving any of the benefits listed, proceed to section II.

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

II.

**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 amount of: \$ \_\_\_\_\_

I receive veterans or social security benefits (retirement, disability, widows, 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.

**III.**

**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.

Motor Vehicle(s): What is it worth? Amount owed.

\_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

(Print the Year, Make, and Model)

\_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

(Print the Year, Make, and Model)

\_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

(Print the Year, Make, and Model)

Home or Real Estate other than where you live: What is it worth? Amount owed.

\_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

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

\_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

(Print the Type of Account )

\_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

(Print the Type of Account )

I have cash in the amount of: \$ \_\_\_\_\_

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**IV.**

**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.

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

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If more room is needed, attach additional sheets.

This document does not contain the Social Security Number of any person.

**I declare under penalty of perjury, under the law of the State of Nevada, that the foregoing statements are true and correct.**

DATED: \_\_\_\_\_ Signature: \_\_\_\_\_

Print Your Name: \_\_\_\_\_