

Code: 3866
Name: _____
Address: _____

Telephone: _____
Email: _____
Self-Represented Litigant

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

_____,
Plaintiff / Petitioner / Joint Petitioner,
vs.
_____,
Defendant / Respondent / Joint Petitioner.
_____ /

Case No. _____
Dept. No. _____

APPLICATION AND DECLARATION TO WAIVE FEES AND COSTS

1. I, (*your name*) _____,
declare that pursuant to NRS 12.015, I am requesting permission from this Court to
proceed without paying court costs or other costs and fees because I cannot afford
to pay such expenses.

2. Monthly Benefits Received

Check each box that applies to you. You may need to check more than one box. If
you are not receiving any of the benefits listed, proceed to section 3.

I receive benefits from one or more of the following programs (please check all
that apply):

Supplemental Security Income (SSI);

- Food Stamps;
 - Temporary Assistance for Needy Families (TANF);
 - Medicaid;
 - Subsidized Housing through Reno Housing Authority;
 - Client of Legal Services;
 - Other State or Federal Program of Assistance (*write name of program*)
-

3. 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:

4. 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 \$ _____

5. 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 Vehicles (*make, model, and year*):

1. Vehicle: _____

The vehicle is worth \$ _____ The amount owed is \$ _____

2. Vehicle: _____

The vehicle is worth \$ _____ The amount owed is \$ _____

I do not own a Motor Vehicle.

Home or Real Estate other than where you live:

1. Address: _____

It is worth \$ _____ The amount owed is \$ _____

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:

1. _____

It is worth \$ _____ The amount owed is \$ _____

2. _____

It is worth \$ _____ The amount owed is \$ _____

I have cash in the amount of \$ _____

6. 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.

1. Their name: _____ Age: _____

Your relationship: _____

Their gross monthly contribution is \$ _____

2. Their name: _____ Age: _____

Your relationship: _____

Their gross monthly contribution is \$ _____

3. Their name: _____ Age: _____

Your relationship: _____

Their gross monthly contribution is \$ _____

4. Their name: _____ Age: _____

Your relationship: _____

Their gross monthly contribution is \$ _____

5. Their name: _____ Age: _____

Your relationship: _____

Their gross monthly contribution is \$ _____

6. Their name: _____ Age: _____

Your relationship: _____

Their gross monthly contribution is \$ _____

7. Their name: _____ Age: _____

Your relationship: _____

Their gross monthly contribution is \$ _____

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

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: _____