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JOINT APPLICATION TO WAIVE FEES AND COSTS

F-6JP

Self Help Center
1 South Sierra St., First Floor
Reno, NV 89501
775-325-6731
www.washoecourts.com

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**JOINT APPLICATION TO WAIVE
FEES AND COSTS**

PACKET F-6JP

Use this application only if all of the following statements are true:

- Both parties cannot afford filing fees and costs.

INSTRUCTIONS FOR COMPLETING FORMS

Carefully read all instructions before starting to fill out any of the forms.

Use **black or blue ink only**. Neatly print the information requested.

Do not use correction fluid/tape on the forms.

This packet contains the following forms:

1. Joint Application for Waiver of Fees and Costs
2. Order Regarding Waiver of Fees and Costs
3. Request for Submission

The penalty for willfully making a false statement under penalty of perjury is a minimum of 1 year, and a maximum of 4 years in prison, in addition to a fine of not more than \$5,000.00. N.R.S. §199.145.

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INSTRUCTIONS: STEP 1

Complete the Joint Application to Waive Fees and Costs as Shown:

1) Print your names, addresses, telephone numbers, and emails.

2) Print your names in the same order as you have put them on all other documents.

The Filing Office will assign you a case number and department number when you file the documents.

3) Complete the application following the instructions on each page.

1 Code: 1524
2 Name: _____
3 Address: _____
4 Telephone: _____
5 Email: _____
6 Self-Represented Litigant
7 Name: _____
8 Address: _____
9 Telephone: _____
10 Email: _____
11 Self-Represented Litigant

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

12 In the Matter of the Marriage of:
13 _____
14 _____
15 _____ Petitioner 1. Case No. _____
16 and _____ Dept. No. _____
17 _____
18 _____ Petitioner 2.
19 _____ Joint Petitioners.

21 JOINT APPLICATION TO WAIVE FEES AND COSTS
22 We declare that, pursuant to NRS 12.015, we are requesting permission from this Court to
23 proceed without paying court costs or other costs and fees because we cannot afford to pay such
24 expenses.

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

28

REV 10/2018 JCB 1 F6JP APPLICATION

1 Code: 1524

2 Name: _____

3 Address: _____

4 Telephone: _____

5 Email: _____

6 Self-Represented Litigant

7 Name: _____

8 Address: _____

9 Telephone: _____

10 Email: _____

11 Self-Represented Litigant

12 IN THE FAMILY DIVISION

13 OF THE SECOND JUDICIAL DISTRICT COURT OF THE STATE OF NEVADA

14 IN AND FOR THE COUNTY OF WASHOE

15 In the Matter of the Marriage of:

16 _____,
17 Petitioner 1,

18 Case No. _____

19 and

20 Dept. No. _____

21 _____,
22 Petitioner 2.

23 Joint Petitioners.

24 _____/

25 JOINT APPLICATION TO WAIVE FEES AND COSTS

26 We declare that, pursuant to NRS 12.015, we are requesting permission from this Court to
27 proceed without paying court costs or other costs and fees because we cannot afford to pay such
28 expenses.

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 B.

1 **A.**

2 **Petitioner 1's Monthly Benefits Received:**

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

7 **Petitioner 2's Monthly Benefits Received:**

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

12

13 **Monthly Money Earned and Received:**

14 Check each box that applies to you and fill in the information requested.
15 You may need to check more than one box.

16 **B.**

17 **Petitioner 1's Monthly Money Earned and Received:**

- 18 I am working and my hourly wage is \$ _____. I work _____ hours a week.
- 19 I am not paid by the hour. I receive a salary in the following amount:
- 20 \$ _____ per year **OR** \$ _____ per month.
- 21 I receive commissions or tips each month in the following amount: \$ _____
- 22 I receive unemployment benefits each month in the following amount: \$ _____
- 23 I receive veterans or social security benefits (retirement, disability, widows,
24 dependents or survivor) each month in the following amount: \$ _____
- 25 I receive child support, spousal support, or alimony
- 26 each month in the following amount: \$ _____
- 27 I receive other sources of income (rent, military basic allowance for quarters (BAQ),
28 or trust payments) each month in the following amount: \$ _____

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

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

3 (If you have check this box, please explain how you are meeting your basic living needs. For
4 example, are you are living with others who are helping to support you, are you are in a
5 homeless shelter, or are you meeting your needs in other ways? Please explain here)

6 _____
7 _____

8 If more room is needed, attach additional sheets.

9 **Petitioner 2's Monthly Money Earned and Received:**

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

11 I am not paid by the hour. I receive a salary in the following amount:

12 \$ _____ per year **OR** \$ _____ per month.

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

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

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

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

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

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

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

23 (If you have check this box, please explain how you are meeting your basic living needs. For
24 example, are you are living with others who are helping to support you, are you are in a
25 homeless shelter, or are you meeting your needs in other ways? Please explain here)

26 _____
27 _____

28 If more room is needed, attach additional sheets.

1 C.

List of Assets and Their Value:

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

3 You may need to check more than one box.

4 **Petitioner 1's List of Assets and Their Value:**

5 Motor Vehicle(s):

What is it worth?

Amount owed.

6 (Print the Year, Make, and Model)

7 _____

\$ _____

\$ _____

8 _____

\$ _____

\$ _____

9 _____

\$ _____

\$ _____

10 Home or Real Estate – other than where you live:

What is it worth?

Amount owed.

11 (Print the Type of Property)

12 _____

\$ _____

\$ _____

13 Accounts or Other Personal Property

14 (saving, checking, stocks, bonds, investments, retirement, jewelry, furs, furniture, etc.):

15 (Print the Type of Account)

What is it worth?

Amount owed.

16 _____

\$ _____

\$ _____

17 _____

\$ _____

\$ _____

18 Cash in the amount of:

\$ _____

19

20 **Petitioner 2's List of Assets and Their Value:**

21 Motor Vehicle(s):

What is it worth?

Amount owed.

22 (Print the Year, Make, and Model)

23 _____

\$ _____

\$ _____

24 _____

\$ _____

\$ _____

25 _____

\$ _____

\$ _____

26 Home or Real Estate – other than where you live:

What is it worth?

Amount owed.

27 (Print the Type of Property)

28 _____

\$ _____

\$ _____

Accounts or Other Personal Property

(saving, checking, stocks, bonds, investments, retirement, jewelry, furs, furniture, etc.):

(Print the Type of Account) What is it worth? Amount owed.

_____ \$ _____ \$ _____

_____ \$ _____ \$ _____

Cash in the amount of: \$ _____

D. People Who Live In Your Home:

Include only your spouse, child(ren), 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 name. If a person helps support you, list the amount of money they contribute each month.

Petitioner 1's Household Composition:

Name	Age	Relationship	Gross Monthly Income
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

If more room is needed, attach additional sheets.

Petitioner 2's Household Composition:

Name	Age	Relationship	Gross Monthly Income
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

If more room is needed, attach additional sheets.

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

2 _____

3 _____

4 _____

5 _____

6 _____

7 _____

8 _____

9 _____

10 _____

11 _____

12 _____

13 _____

14 If more room is needed, attach additional sheets.

15

16 This document does not contain the personal information of any person as defined by NRS
17 603A.404.

18 We declare under penalty of perjury under the law of the State of Nevada that the foregoing
19 statements are true and correct.

20

21 Date: _____ Petitioner 1's Signature: _____

22

23 Petitioner 1's Name: _____

24

25 Date: _____ Petitioner 2's Signature: _____

26

27 Petitioner 2's Name: _____

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INSTRUCTIONS: STEP 2

Complete the Request for Submission as Shown:

Only one person applying to waive the fees and costs needs to fill out this form.

1) Print your name, address, telephone number, and email.

2) Print your names in the same order as you have put them on all other documents.

The Filing Office will assign you a case number and department number when you file the documents.

3) Print the date that you file the documents.

4) Date, sign, and print your name.

1	Code: 3860
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	Petitioner 1, Dept. No. _____
12	and
13	_____
14	Petitioner 2.
15	_____
16	
17	<u>REQUEST FOR SUBMISSION</u>
18	
19	I request that the Joint Application to Waive Fees and Costs filed on _____
20	be submitted to the Court for decision. (Date the form was filed)
21	
22	This document does not contain the personal information of any person as defined by NRS
23	603A.404.
24	
25	Date: _____ Your Signature: _____
26	
27	Print Your Name: _____
28	
	REV 10/2018 JCB 1 REQUEST FOR SUBMISSION

1 Code: 3860

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 Petitioner 1,

12 Dept. No. _____

13 and

14 _____,

15 Petitioner 2.

16 _____/

17 REQUEST FOR SUBMISSION

18
19 I request that the Joint Application to Waive Fees and Costs filed on _____
20 be submitted to the Court for decision. (Date the form was filed)

21
22 This document does not contain the personal information of any person as defined by NRS
23 603A.404.

24
25 Date: _____

26 Your Signature: _____

27 Print Your Name: _____

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INSTRUCTIONS: STEP 3

Complete the Index of Exhibits and the Exhibit Cover Page as Shown:

You will need to attach the Order Waiving Fees as an exhibit to the Request for Submission in order to electronically file it.

You do not need to write anything on these pages.

INDEX OF EXHIBITS	
Exhibit Number <u>1</u>	Number of Pages <u>1</u>
Exhibit Description <u>Proposed Order</u>	
Exhibit Number _____	Number of Pages _____
Exhibit Description _____	
Exhibit Number _____	Number of Pages _____
Exhibit Description _____	
Exhibit Number _____	Number of Pages _____
Exhibit Description _____	
Exhibit Number _____	Number of Pages _____
Exhibit Description _____	
Exhibit Number _____	Number of Pages _____
Exhibit Description _____	
Exhibit Number _____	Number of Pages _____
Exhibit Description _____	
Exhibit Number _____	Number of Pages _____
Exhibit Description _____	
Exhibit Number _____	Number of Pages _____
Exhibit Description _____	

The documents should be in the following order to file:

- Request for Submission
- the Index of Exhibits
- the Exhibit Cover Page
- the Order Waiving Fees

Exhibit Cover Page
EXHIBIT NUMBER 1

INDEX OF EXHIBITS

Exhibit Number _____ **Number of Pages** _____

Exhibit Description _____

Exhibit Number _____ **Number of Pages** _____

Exhibit Description _____

Exhibit Number _____ **Number of Pages** _____

Exhibit Description _____

Exhibit Number _____ **Number of Pages** _____

Exhibit Description _____

Exhibit Number _____ **Number of Pages** _____

Exhibit Description _____

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Exhibit Description _____

Exhibit Number _____ **Number of Pages** _____

Exhibit Description _____

Exhibit Number _____ **Number of Pages** _____

Exhibit Description _____

Exhibit Number _____ **Number of Pages** _____

Exhibit Description _____

Exhibit Cover Page

EXHIBIT NUMBER 1

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INSTRUCTIONS: STEP 4

Complete the Order Regarding Waiver of Fees and Costs as Shown:

1) Print your names in the same order as you have put them on all other documents.

The Filing Office will assign you a case number and department number when you file the documents.

You do not need to complete any of the other information on this page.

1	Code: <input type="checkbox"/> 3359 / <input type="checkbox"/> 3359D
2	
3	IN THE FAMILY DIVISION
4	OF THE SECOND JUDICIAL DISTRICT COURT OF THE STATE OF NEVADA
5	IN AND FOR THE COUNTY OF WASHOE
6	
7	_____, Petitioner 1,
8	Case No. _____
9	and Dept. No. _____
10	_____, Petitioner 2.
11	
12	<u>ORDER REGARDING WAIVER OF FEES AND COSTS</u>
13	
14	Upon consideration of the parties' declaration of insufficient income, property, or resources to
15	pay Court costs and fees in this case, and other good cause appearing,
16	<input type="checkbox"/> IT IS HEREBY ORDERED that pursuant to NRS 12.015, the Clerk of the Court shall
17	allow the applicant to proceed with the filing of documents without costs and fees and issue any
18	necessary writ, process, pleading or paper without charge, and that the Sheriff of any other
19	appropriate public officer within the State make personal service of any necessary writ, process,
20	pleading or paper without charge for the said applicant. <i>This Order waives fees until a final order</i>
21	<i>is entered in this case, unless the Court rules otherwise.</i>
22	<input type="checkbox"/> The Waive of Fees and Costs is DENIED for the following reason:
23	<input type="checkbox"/> The applicant does not qualify.
24	<input type="checkbox"/> Other: _____
25	
26	Date: _____
27	_____
28	DISTRICT JUDGE
	REV 10/2018 JCB 1 F-6JP ORDER

1 Code: 3359 / 3359D

2
3 IN THE FAMILY DIVISION
4 OF THE SECOND JUDICIAL DISTRICT COURT OF THE STATE OF NEVADA
5 IN AND FOR THE COUNTY OF WASHOE
6

7 _____,
8 Petitioner 1, Case No. _____
9 and Dept. No. _____
10 _____,
11 Petitioner 2.
12 _____/

13 ORDER REGARDING WAIVER OF FEES AND COSTS

14 Upon consideration of the parties' declaration of insufficient income, property, or resources to
15 pay Court costs and fees in this case, and other good cause appearing,

16 **IT IS HEREBY ORDERED** that pursuant to NRS 12.015, the Clerk of the Court shall
17 allow the applicant to proceed with the filing of documents without costs and fees and issue any
18 necessary writ, process, pleading or paper without charge, and that the Sheriff of any other
19 appropriate public officer within the State make personal service of any necessary writ, process,
20 pleading or paper without charge for the said applicant. *This Order waives fees until a final order*
21 *is entered in this case, unless the Court rules otherwise.*

22 The Waive of Fees and Costs is **DENIED** for the following reason:

23 The applicant does not qualify.

24 Other: _____

25
26 Date: _____

27 _____
28 DISTRICT JUDGE

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INSTRUCTIONS: STEP 5

Electronically Filing the Documents

You will need to upload the original documents to eFlex. EFlex is available online at <https://wcefex.washoecourts.com/>, and at the Second Judicial District Court. Scanners are available at the Second Judicial District Court.

Sign into your eFlex account using the username and password you created and electronically file the:

- Joint Application for Waiver of Fees and Costs;
- Request for Submission and Exhibit Index; and
- Order Waiving Fees and Costs (as an exhibit to the Request for Submission).

Make sure to keep the original documents you file for your personal records. File-stamped copies of your documents are available through your eFlex account.

There is no fee for filing this document.

INSTRUCTIONS: STEP 6

After Filing Your Documents

After you file your documents, take your paperwork to the Family Division Front Counter, 3rd Floor, One South Sierra Street, to have your application reviewed. Typically, the application will be approved or denied while you wait.