

# Affidavit of Indigency and Fee Waiver Request

Full Name:

Address:

Contact Number:

Case Number (if applicable):

Court Name:

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I, , hereby declare under oath that I am indigent and unable to pay the fees associated with the above-captioned case. I request the court to waive all fees and costs due to my inability to pay.

Monthly Income:

Number of Dependents:

Other Relevant Information:

☐ I certify under penalty of perjury that the above information is true and correct.

Signature:

Date:

Submit