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Name _____

Address _____

Telephone _____

E-Mail _____

_____ Court of New Jersey
_____ County (if applicable)

Docket Number: _____

Plaintiff(s)/Appellant(s)

v.

Defendant(s)/Respondent(s)

Certification/Petition/Application in Support of a Fee Waiver

I/We, _____, am/are the
(plaintiff(s)/ appellant(s)/ defendant(s)/ respondent(s)) in the above-captioned matter and I/we make this certification in support of my/our request for a filing fee waiver pursuant to *Rule 1:13-2* or *Rule 2:7-1*.

1. I/We am requesting this relief because I/we do not have sufficient funds or assets with which to pay the filing fees associated with this action.
2. I/We (am/ am not/ are/ are not) an inmate in State prison or County Jail.*

***Attachments necessary: If you are a state prison or county jail inmate, you must attach a certified copy of your prisoner's fund account statement from the appropriate correctional institution for the six months immediately preceding the date of this application. If you are requesting a waiver of the partial filing fee requirement set forth in *N.J.S.A. 30:4-16.3*, you must attach an affidavit of special circumstances.**

3. I have been determined to be eligible for one or more of the following: [*Check applicable boxes*]
 Public Assistance (please provide your most recent award statement as proof of eligibility);
 Social Security Disability (please provide your most recent award statement as proof of eligibility)

4. Below is an accurate and full disclosure of my financial situation:

Attachments necessary:

Provide two months of documentation for the following:

- Welfare, Public Assistance, Unemployment, Disability, Social Security, Child Support/Alimony, other income.

Provide six months of bank statements for the following:

- All bank accounts.

5. I/we (am/ am not/ are/ are not) claimed as a dependent on someone else's tax return.

Employer's Name, Address and Telephone Number:

Complete the Following Information:

Net Monthly Income	\$	House(s)/Land Market Value	\$
Spousal/Cohabitant Contribution	\$	Value of All Motor Vehicles	\$
Unemployment/Disability	\$	Cash	\$
Social Security	\$	Current Balance Checking Accts.	\$
Veterans Administration	\$	Current Balance Savings Accts.	\$
Pension	\$	Civil Judgment Awards/Pending	\$
Public Subsidies	\$	Current Value of Stocks/Bonds	\$
Child Support/Alimony	\$	Face Value of CDs/IRAs/401Ks	\$
Housing Subsidies	\$	Money Market Accounts	\$
Trust Fund Income	\$	Retrievable Bail Amt. & Location	\$
Income from Rental Properties	\$	Other Assets	
Total Monthly Income	\$ 0.00	Total Assets	\$ 0.00

6. I/We understand that I/we am/are under a continuing obligation to notify the court of a change in my financial situation.

Certification

I/We certify that the foregoing statements made by me/us are true. I/We am/are aware that if any of the foregoing statements made by me/us are willfully false, I/we am/are subject to punishment.

I/We further certify that in accordance with Court Rule 1:38-7(b) all confidential personal identifiers have been redacted and that subsequent papers submitted to the court will not contain confidential personal identifiers.

Date

Print your name(s)

Signature(s)