WAIVER OF FEES APPLICATION

Please print in BLOCK LETTERS:

Last Name: _____
Mailing Address: _____ Apt #_____
City or Town/Province: _____ Postal Code:_____
Telephones: Home: _____ Work _____ Msg _____

Given Names: _____
Date of Birth: _____
(mm/dd/yr)
Age: _____

9 Male
9 Female

9 Employed
9 Unemployed
9 Unable to work
9 Student/Training

9 Not married
9 Common Law
9 Divorced
9 Married
9 Separated
9 Widowed

I APPLY TO HAVE THE FOLLOWING COURT FILING FEES WAIVED:

_____

HUSBAND OR WIFE (INCLUDING COMMON LAW)

Name: _____

Address: _____ Phone: _____

Do you receive social or Other Municipal Assistance

9 Yes 9 No

DEPENDENTS (SPOUSE, CHILD, OTHER PERSON SUPPORTED BY APPLICANT):

Total _____ Living with _____ Living Apart _____
Applicant

	Name	Relationship	Birth date (mm/dd/yr)
1.			
2.			
3.			
4.			
5.			
6.			

Person who can verify financial information
Name: _____
Address: _____ Phone: _____

GROSS MONTHLY INCOME

Salary (Wages + Tips)	_____
Unemployment Ins.	_____
Social Assistance	_____
Old Age Assistance	_____
Pension	_____
Spouse's Income (Including Common Law)	_____
Maintenance Received	_____
Specify Other Income	_____
_____	_____
_____	_____
_____	_____
Gross Monthly Income	_____
Less Maintenance you pay per month	_____
Monthly Income	_____

IMPORTANT:

In order to process your application to have fees waived, you must attach one of the following:

- C **a copy of your pay stub**
- C **a copy of your benefit stub**
- C **a copy of your most recent Income Tax Return or a Notice of Assessment**
- C **a letter from a doctor, priest or other official in your community stating that there is no family income**

Applicant declares:

I state that the above information is true and complete. I consent to have this information investigated for verification and will notify court administration of any change.

_____
Signature of the Applicant

_____
Date

9 **Approved** 9 **Denied**

by_____

Date:

_____