

1 Code No. \_\_\_\_\_  
2 Your Name: \_\_\_\_\_  
3 Address: \_\_\_\_\_  
4 \_\_\_\_\_  
5 Telephone: \_\_\_\_\_  
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In Proper Person

8 IN THE \_\_\_\_\_ JUDICIAL DISTRICT COURT OF THE STATE OF NEVADA  
9  
10 IN AND FOR THE COUNTY OF \_\_\_\_\_

11 )  
12 \_\_\_\_\_, )  
13 Plaintiff(s), )  
14 vs. )  
15 \_\_\_\_\_, ) CASE NO.: \_\_\_\_\_  
16 Defendant(s). ) DEPT NO.: \_\_\_\_\_  
17 )  
18 )

18 **APPLICATION TO WAIVE FEES AND COSTS**  
19 **(Filing Fees/Service Only)**

20 Pursuant to NRS 12.015, and based on the following Affidavit, I request permission  
21 from this Court to proceed without paying court costs or other costs and fees as provided in NRS  
22 12.015 because I lack sufficient financial ability.

23 **AFFIDAVIT**

24 STATE OF NEVADA )  
25 ) ss.  
26 COUNTY OF CLARK )

26 I, \_\_\_\_\_, after being duly sworn, depose and state as follows:  
27 (your name)

27 1. I have read the contents of this Application to Waive Fees and Costs and am  
28 competent to testify as to the contents of this Application and the contents are true of my own

1 knowledge.

2  
3 2. I am unable, because of my financial poverty, to pay the costs and fees of this case,  
4 and I am unable to give security for the costs and fees in this matter.

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6 3. I wish to file with this Court the pleading submitted with this Application. I cannot  
7 pay the costs of filing because I lack sufficient income, assets or other resources. Including myself,  
8 there are \_\_\_\_ adults and \_\_\_\_ children in my household. Their age(s) is/are \_\_\_\_\_, \_\_\_\_\_,  
9 \_\_\_\_\_, and \_\_\_\_\_ .

10 My total monthly income before taxes is:

11 From all sources including  
12 employment, self-employment,  
13 social security, child support,  
14 alimony, State and County benefits, etc.....\$ \_\_\_\_\_

15 Any other household income from  
16 another member of the household:.....\$ \_\_\_\_\_

17 List where you work and  
18 your job title: \_\_\_\_\_

19 The following represents a list of my assets and their value:

Automobile	<u>Value</u>	<u>Loan Balance</u>
_____	\$ _____	\$ _____
(year and type of car)		

_____	\$ _____	\$ _____
(size, type and/or year of account)		

Bank Accounts		
_____	\$ _____	\$ _____
(name of bank and type of account)		

Other		
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____

27 My total monthly expenses are:

28 Rent or Mortgage.....\$ \_\_\_\_\_

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Phone, Gas, Electricity, and Other Utilities ..... \$ \_\_\_\_\_  
Food ..... \$ \_\_\_\_\_  
Child Care..... \$ \_\_\_\_\_  
Insurance..... \$ \_\_\_\_\_  
Medical ..... \$ \_\_\_\_\_  
Transportation..... \$ \_\_\_\_\_  
Child support and child care expenses paid to someone else \$ \_\_\_\_\_  
Other  
\_\_\_\_\_ ..... \$ \_\_\_\_\_  
(list other expenses)

TOTAL MONTHLY EXPENSES ..... \$ \_\_\_\_\_  
(total from above lines)

I request the Court hold a hearing on this Application if the Court is inclined to deny same, so that I may testify as to my indigent status.

\_\_\_\_\_  
(Your signature)

STATE OF NEVADA )  
 ) ss  
County of \_\_\_\_\_ )

On this \_\_\_\_\_, \_\_\_\_\_ personally appeared before me, the undersigned, a Notary Public in and for the County of \_\_\_\_\_, State of Nevada, \_\_\_\_\_, personally known to me or proved to me to be the person whose name is subscribed to the above instrument who acknowledged that she/he executed the above instrument freely and voluntarily and for the uses and purposes therein mentioned.

\_\_\_\_\_  
NOTARY PUBLIC