PETITION FOR WAIVER OF COSTS (if applicable)

You may request for waiver of costs **ONLY** if you cannot afford to pay the initial filing fee and such other fees and costs associated with this legal action. Fill out the case caption correctly. The **Plaintiff** is the person who originally filed the custody complaint at the inception of the custody case and the **Defendant** is the person that originally had the custody action brought against them. Insert the plaintiff's name on first line on the left side of the top of the form. Insert the defendant's name on the second line on the left side of the top of the form. Answer all the questions on the form completely. You must sign and date the form at the bottom. Current filing fees for a custody complaint are $209.70 plus a $150.00 deposit for a custody hearing officer. If you already have a custody order and are filing for a modification, the current filing fees are $26.60 plus a $150.00 deposit for a custody hearing officer. If you are filing an agreement, the $150.00 deposit is not necessary.

IN THE COURT OF COMMON PLEAS OF CARBON COUNTY, PENNSYLVANIA
CIVIL ACTION

_____, Plaintiff	:	
vs.	:	No. _____
_____, Defendant	:	

ORDER OF COURT

AND NOW, this _____ day of _____,_____, it is hereby ORDERED and DECREED that the (Plaintiff's)/(Defendant's) Application to Waive Fees and Costs is GRANTED. At this time and for one (1) year thereafter (unless a final unappealed order has previously been entered, in which case the waiver of fees and costs will end upon entry of such order), (Plaintiff)/(Defendant) is relieved from paying the initial filing fee and such other fees and costs associated with this legal action. (Plaintiff)/(Defendant) shall promptly notify the Court of any material change in his/her financial circumstances during the pendency of this action that would enable the (Plaintiff)/(Defendant) to pay any waived fees and costs.

BY THE COURT:

_____
J.

IN THE COURT OF COMMON PLEAS OF CARBON COUNTY, PENNSYLVANIA
CIVIL ACTION

_____, Plaintiff	:	
vs.	:	No. _____
_____, Defendant	:	

ORDER OF COURT

AND NOW this _____ day of _____,_____, it is hereby ORDERED and DECREED that the (Plaintiff's)/(Defendant's) Application to Waive Fees and Costs is DENIED because _____.

The Applicant has thirty (30) days from this date to pay the filing fees or the action will be terminated without further notice.

BY THE COURT:

_____
J.

IN THE COURT OF COMMON PLEAS OF CARBON COUNTY, PENNSYLVANIA
CIVIL ACTION – LAW

_____	:	
Plaintiff	:	
	:	
vs.	:	No. _____
	:	
_____	:	
Defendant	:	

APPLICATION TO WAIVE FEES AND COSTS

Applicant/Party Name: _____
First Middle Last

Residence: _____

City, State, Zip: _____

☐ Check the box if you are currently without a house or apartment.

Do you currently receive one or more of the following public benefits?

- Supplemental Nutrition Assistance Program (SNAP) (food stamps)
- Medicaid
- Supplemental Security Income (SSI) (Not Social Security Disability Insurance (SSDI))
- Temporary Assistance to Needy Families (TANF)
- Public Housing or Section 8 Housing
- Needs-based VA Pension
- Low-Income Energy Assistance
- Special Supplemental Assistance Program for Women, Infants, and Children (WIC)
- Other need-based federal, state, or local program: _____
  Name of Program

☐ Yes ☐ No

If you answered "Yes", skip the remainder of the form and sign/date the VERIFICATION.

I am providing the following information about people who live with me:

I support ___adult children, who are incapable of self-support due to a physical or mental disability.

I support ___children under 18.

GROSS MONTHLY INCOME (income before paying taxes and other deductions):

$_____ monthly gross wages. I work as a _____(job title/description) for _____(name of employer)

$_____ unemployment compensation. I have been unemployed since _____(date). My last employer was _____(name of employer).

$_____ money received from other people.

$_____ ☐ Retirement/Pension ☐ Disability

☐ Workers Comp ☐ Social Security

☐ Child/Spousal Support ☐ Other Sources: (describe sources) _____

$_____ Total monthly gross income

ASSETS (Current Value):

$_____ Cash

$_____ Bank accounts or other financial assets

$_____ Primary vehicle

$_____ Other vehicles

$_____ House

$_____ Other real estate

$_____ Other property (describe): _____

_____

_____

$_____ Total value of property

MONTHLY EXPENSES YOU PAY:

$_____ Rent/mortgage payment

$_____ Food and household supplies

$_____ Utilities, including cell phone

$_____ Clothing and other personal expenses

$_____ Medical and dental expenses/insurance

$_____ Child care

$_____ Transportation, including car payments and repairs

$_____ Child and spousal support or alimony

$_____ Other expenses (describe): _____

_____

_____

$_____ Total monthly expenses

Are there other facts that you would like the court to know about your circumstances that may help the court decide whether to grant your application, such as you are experiencing homelessness or you have health issues?

_____

_____

_____

_____

VERIFICATION

I understand that I have a continuing obligation to inform the court of an improvement in my financial circumstances that would permit me to pay the fees and costs in this case. If I fail to inform the court of any changes in my circumstances, I understand that the court may rescind the waiver of fees and costs and order me to pay those fees and costs.

I verify that the statements made in this application are true and correct. I understand that false statements herein are made subject to the penalties of 18 Pa.C.S. § 4904, relating to unsworn falsification to authorities.

_____ _____

Date Applicant's/Party's Signature



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