



## How to File for a Fee Waiver - All Courts

### Who Should Use This Packet?

You should use this packet if you believe that you cannot afford to pay the filing fees in your case. This form may be used when applying for a fee waiver in the Supreme Court, Appellate Division, Superior Court and Tax Court. This request is based upon your financial need. It requires the submission of financial records/documents in order for a judge to determine if your filing fees should be waived. This request can be filed by any party prior to and at any point during the lawsuit, except where a party is requesting a waiver of filing fees for the Supreme Court and Superior Court, Appellate Division.

**Please note** that *Rule* 1:5-6 directs the clerk of the court to return papers as “received, but not filed,” when they are **not accompanied by the required filing fee**. For this reason, the filing fee or application to waive filing fee should accompany any filing that requires a fee. This packet explains how to file this request.

Legal Services of New Jersey and the associated regional programs, as well as public interest or legal services organizations, law school clinical or pro bono programs which have been certified by the Court pursuant to *Rule* 1:21-11 for fee waiver status are exempt from filing fees and are not required to make a request for a fee waiver.

Where the person filing these forms is requesting a waiver of fees in the Superior Court, Appellate Division, the application must first be made in the trial court pursuant to *Rule* 2:7-1. If the request is denied in the trial court, within 20 days, the person requesting the fee waiver may then apply for a fee waiver in the Appellate Division. If the person is requesting a waiver of fees in an appeal of an administrative agency determination, the application must be filed in the Appellate Division. For questions related to where the application should be filed, please contact the Superior Court Clerk’s Office at (609) 421-6100.

With limited exceptions, any paper filed with the court can be looked at by the public upon request. You may only file this request on behalf of yourself and not for anyone else. A Power of Attorney does not allow you to file on behalf of anyone else.

In the trial courts, if you are granted a fee waiver and are awarded more than \$2,000 in that same matter, you will be responsible to repay any and all fees waived by the court, as determined by court order.

Please follow the instructions included in this packet and make sure that all documents in support of this request are attached. You will be required to complete the following:

- Form A – *Certification/Petition/Application in Support of Fee Waiver*. Attach your financial records/documentation to the Certification/Petition/Application.
- Form B – *Order Waiving Filing Fees*

Your fee waiver application may not be granted if you do not include all required income documentation. The court may request additional income verification, including but not limited to, state and federal tax returns and other sources of income. Keep a copy of whatever you file with the Court for your own records.

**Note:** These materials have been prepared by the New Jersey Administrative Office of the Courts for use by self-represented litigants. The guides, instructions, and [forms](#) will be periodically updated as necessary to reflect current New Jersey statutes and court rules. The most recent version of the [forms](#) will be available at the county courthouse or on the Judiciary's Internet site [njcourts.gov](http://njcourts.gov). However, you are ultimately responsible for the content of your court papers.

**Completed forms for the Supreme Court, Appellate Division and Tax Court are to be submitted to the respective Clerk's Office.**

**Completed forms for the Superior Court are to be submitted to the courthouse in the county where you are going to file your case or where the case is already filed. A listing of the courthouses is available at [njcourts.gov](http://njcourts.gov).**

**For questions related to where the application should be filed, please contact the Superior Court Clerk's Office at (609) 421-6100.**

The numbered steps below tell you what forms you will need to fill out and what to do with them. Each form should be typed or printed clearly on 8 ½" x 11" white paper only. Forms may not be filed on a different size or color paper.

## Steps for Filing a Fee Waiver

### **STEP 1 Complete the Certification/Petition/Application in Support of a Fee Waiver (Form A).**

The *Certification/Petition/Application in Support of a Fee Waiver* tells the court the reasons why you want the fee waiver and the facts supporting why the court should grant your request. In the Certification/Petition/Application you will make a disclosure of your financial and employment situation.

**All fee waiver applications must be filed at the courthouse or appropriate Clerk's office where you are going to file your case or where the case is already filed.** A complete list of courthouses can be found at the Judiciary's website: [njcourts.gov](http://njcourts.gov).

### **STEP 2 Complete the proposed form of Order (Form B)**

Fill in the information at the top of the page up to where you identify yourself as a plaintiff or defendant. Leave the line for the date of the Order and the rest of the form blank. The terms of the Order will be completed by the judge when the application is decided.

### **STEP 3 Check Your Completed Forms and Make Copies**

Check your forms and make sure they are complete. Remove all instruction sheets. Make sure you have signed the forms where you are asked to sign them.

### **STEP 4 Mail or Deliver Form A (Certification/Petition/Application in Support of a Fee Waiver), Form B (Proposed Form of Order) and all documentation to the Court.**

You are required to provide a copy of Forms A and B to the court. Please black out all personal and confidential information, such as Social Security numbers, driver's license numbers, vehicle plate numbers, insurance policy numbers, active financial account numbers or active credit card numbers.

A complete list of Clerk's Offices and courthouses can be found at the Judiciary's site [njcourts.gov](http://njcourts.gov).

## Instructions for Completing Form A - Certification/Petition/Application in Support of a Fee Waiver

1. At the top left of the form enter your name(s), address(es) and phone number(s). If you have an e-mail address(es), include that as well.
2. On the line labeled *Plaintiff(s)/Appellant(s)*, type or print the plaintiff's name(s). The plaintiff is the person or business entity who files the complaint in a lawsuit. An appellant is the person or business entity requesting the appeal. Business entities requesting a fee waiver are required to be represented by an attorney pursuant to *Rule 1:21-1(c)*.
3. On the line labeled *Defendant(s)/Respondent(s)*, enter the name(s) of the defendants listed on the complaint. The defendant is the person or business entity being sued. A respondent is the person defending the appeal.
4. On the line labeled *County*, enter the county where the case is filed (only if applying for a fee waiver in the Superior Court).
5. On the line labeled *Docket Number*, enter the docket number, if one has been assigned. This information can be found if a complaint was served on you or if an appeal has been filed.
6. Enter your name(s) on the line that says "*I/We, \_\_\_\_\_, am/are the*" and then select the appropriate box where it says "*plaintiff(s)/appellant(s)/defendant(s)/respondent(s) in the above-captioned matter.*"
7. In item #2, select the appropriate box as to whether or not you are an inmate on the line that says "*I/We (am/am not/are/are not) an inmate in State prison or County Jail.*"
8. For item #3, select the appropriate box(es) if you have been determined eligible for *Public Assistance* and/or *Social Security Disability*. You must provide your most recent award statement as proof of eligibility.

Attach copies of all requested information as indicated on this form. You must include the last three digits or numbers of any documents referenced below. However, you **must** also certify that you have removed or blacked out the remaining numbers or digits (confidential personal identifiers) from any of the following documents filed with the court:

- Social Security numbers,
- driver's license numbers,
- vehicle plate numbers,
- insurance policy numbers,
- active financial account numbers
- active credit card numbers or
- military status.

**Do not redact (black out) any information in the original papers that you are keeping** (such as a bank statement) since you may have to show them to the court at some point.

9. For item #4, enter the number of dependents you support, if applicable. Do **not** include yourself.
10. In item #5, select the box where is says "*I/we am/am not/are/are not claimed as a dependent...*".
11. Enter your employer's name and information in the box that says "*Employer's Name, Address and Telephone Number.*"
12. Fill in the financial information requested in the box. The judge requires your asset information and how much money you receive monthly from all sources.
13. Date, print and sign your name. **Note:** When you sign this form, you are certifying that the statements made on the form are true. If you willfully make false statements, you may be subject to punishment.

**NOTICE:** This is a public document. Do not enter personal identifying information on it, such as your full Social Security number, driver's license number, insurance policy number, vehicle plate number, active financial account, credit card number or military status. This document as submitted will be available to the public upon request.

Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone Number \_\_\_\_\_

Email Address \_\_\_\_\_

\_\_\_\_\_  
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. I financially support \_\_\_\_\_ dependents (not including myself). (A dependent is an individual who is a child or relative who resides in the home and relies you for more than half of his/her support for any given calendar year)

**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:
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<b>Complete the Following Information:</b>			
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	\$
<b>Total Monthly Income</b>	<b>\$</b>	<b>Total Assets</b>	<b>\$</b>

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)

## Instructions for Completing Form B - Order Waiving Filing Fees

1. At the top left of the form enter your name(s), address(es) and phone number(s). If you have an e-mail address(es), include that as well.
2. On the line labeled *Plaintiff(s)/Appellant(s)*, type or print the plaintiff's name. The plaintiff is the person or business entity who files the complaint in a lawsuit. An appellant is the person or business entity requesting the appeal. Business entities, other than sole proprietorships, requesting a fee waiver are required to be represented by an attorney pursuant to *Rule 1:21-1(c)*.
3. On the line labeled *Defendant(s)/ Respondent(s)* enter the name(s) of the defendants listed on the complaint. The defendant is the person or business entity being sued. A respondent is the person defending the appeal.
4. On the line labeled *County*, enter the county where the case is filed (only in the Superior Court.)
5. On the line labeled *Docket Number*, enter the docket number, if one has been assigned. This information can be found if a complaint was served on you or if an appeal has been filed.
6. Enter your name(s) and if you are the plaintiff(s)/appellant(s) or defendant(s)/respondent(s) on the line that says "*application of \_\_\_\_\_ (plaintiff(s)/appellant(s)/defendant(s)/respondent(s)).*"
7. **DO NOT** fill out anything that appears under the text "**For Court Use Only.**" The judge will complete the remaining information.

**NOTICE:** This is a public document. Do not enter personal identifying information on it, such as your full Social Security number, driver's license number, insurance policy number, vehicle plate number, active financial account, credit card number or military status. This document as submitted will be available to the public upon request.

Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone Number \_\_\_\_\_

Email Address \_\_\_\_\_

\_\_\_\_\_ Court of New Jersey  
\_\_\_\_\_ County (if applicable)

Docket Number: \_\_\_\_\_

\_\_\_\_\_,

Plaintiff(s)/Appellant(s),

v.

\_\_\_\_\_

\_\_\_\_\_,

Defendant(s)/Respondent(s).

### Order Waiving Filing Fees

This matter having been brought before the court on application of \_\_\_\_\_,  
( plaintiff(s)/  appellant(s)/  defendant(s)/  respondent(s)) for an **Order** waiving filing fees pursuant to *Rule 1:13-2* or *Rule 2:7-1*, and the Court having considered the moving party's financial information, the matter and for good cause appearing:

**(Do not write below this line, For Court Use Only)**

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It is on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, **ORDERED** that the application for a fee waiver is

**Granted**     **Denied**

\_\_\_\_\_