



Circuit Court for _____

City or County

Case No. _____

Name _____ VS. Name _____

Street Address Apt # PO Box Street Address Apt # PO Box

()

()

City State Zip Code Area Code Telephone City State Zip Code Area Code Telephone

Plaintiff

Defendant

REQUEST FOR WAIVER OF FILING FEE FOR FORECLOSURE MEDIATION

I, _____, representing myself, wish to file the complaint, petition or other paper(s) entitled _____

_____ which I have completed and attached. I am unable to pay the filing fee because of poverty. The answers to the following questions are true:

- 1. (a) Do you have any money? How much? Where? Savings Account... Checking Account... (b) Are you employed? Where? Position... How much do you make?... (c) Are you self-employed? Doing what? How much do you make?... (d) If you are not working, when did you last work?... (e) Do you own an automobile? Make, Model and Year... Is it paid for?... (f) Does anyone owe you any money? How much? To whom?... (g) Do you own real estate or a house? Value... Is it mortgaged?... (h) Do you receive any rental income? How much?... (i) Do you own any personal property... What is it?... (j) Do you receive money from social security... (k) Do you have any investments? What and how much? Interest income... Dividend income...

- (l) Do you owe money to others (e.g., rent, credit card debts, loan payments, etc.)? _____ How Much? _____
 To whom? (name, address, & tel. #) _____
- (m) If you are married and living with your spouse, state his/her name. _____
 Does your spouse work? _____ His/Her annual income _____
 Doing what and where? _____
- (n) List persons whom you actually support, your relationship to them and the amount you pay in support.
 (specify monthly or weekly) _____

2. Other facts (if any) concerning your inability to pay the filing fee are:

IMPORTANT INFORMATION

If the Court does not grant your request for a fee waiver or fee reduction in its entirety, the Court shall specify in its order the dollar amount that you must pay and the amount of time, not to exceed ten (10) days, within which you must make payment to the Court. If you do not make payment within the time allowed, your request for foreclosure mediation will be stricken.

For these reasons, I request waiver of payment of the filing fee. I solemnly affirm on personal knowledge and under the penalties of perjury that the contents of the foregoing paper are true.

(Date) _____ (Signature) _____
 (Address) _____
 (City, State, Zip) _____
 (Tel. #) _____