

1 _____
(NAME)

2 _____
(ADDRESS)

3 _____
(CITY, STATE, ZIP)

4 _____
(TELEPHONE)

5
6
7 IN THE JUSTICE COURT OF PAHRUMP TOWNSHIP
COUNTY OF NYE, STATE OF NEVADA
* * * * *

9 _____, Case No. _____

10 Plaintiff(s)

Dept. _____

11 vs

12
13 _____, APPLICATION TO WAIVE FEES

14 Defendant(s). /

15 COMES NOW the undersigned, in Proper Person, and requests pursuant to NRS 65.040 and
16 NRS 12.015 to be permitted to proceed without paying costs or fees in this action as I am unable
17 to prosecute or defend the action because I am unable to pay the costs of so doing;

18 1. Including myself, there are _____ adults and _____ children in my household.

19 2. My monthly income, *after taxes*, is as follows:

20 a. Monthly Income from Employment: \$ _____

21 b. Monthly income from social security,
22 unemployment benefits, worker's
23 compensation, child support, Welfare,
Nye County Social Services, etc: \$ _____

24 c. Monthly income from any other household member: \$ _____

25 d. Other Income (explain): _____ \$ _____

26 **TOTAL MONTHLY INCOME** \$ _____

1 3. My monthly expense are as follows:

- 2 a. Ren/Mortgage: \$ _____
- 3 b. Phone, gas, electricity and other utilities: \$ _____
- 4 c. Food: \$ _____
- 5 d. Child Care and/or Child Support Paid to someone else: \$ _____
- 6 e. Insurance: \$ _____
- 7 f. Medical: \$ _____
- 8 g. Transportation: \$ _____
- 9 h. Other Expenses (explain): _____ \$ _____

10 **TOTAL MONTHLY EXPENSES.** \$ _____

11 4. My assets are as follow:

- 12 a. Automobiles _____ \$ _____
(Year, make and model) (market price less loan balance)
- 13 b. Home, mobile home or other real esate: _____ \$ _____
(Year, make and model) (market price less loan balance)
- 14 c. Bank Account(s) _____ \$ _____
(Name of Bank and Account Type) (Account Balance)
- 15 d. Other Assets (explain): _____ \$ _____
(Value)

16 I declare under penalty of perjury under the laws of the State of Nevada that the foregoing is true and correct.

17 _____
18 (Date)

19 _____
20 (Print Name)

21 _____
22 (Signature)

**EACH LINE ON THIS FORM MUST BE COMPLETED.
IF A PARTICULAR ITEM DOES NOT APPLY, WRITE "0" OR "N/A".**

IF YOU RECEIVE ANY INCOME FROM SOCIAL SECURITY, SSI / DISABILITY, UNEMPLOYMENT, OR WELFARE, A COPY OF YOUR AWARD LETTER IS REQUIRED.