



Circuit Court for _____

City or County

Case No. _____

Name _____ VS. Name _____

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

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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, _____, wish to participate in foreclosure mediation, and I am unable to pay the filing fee due to the circumstances detailed below.

- 1. (a) Do you have any money? ... (b) Are you employed? ... (c) Are you self-employed? ... (d) If you are not working, when did you last work? ... (e) Do you own an automobile? ... (f) Does anyone owe you any money? ... (g) Do you own any real estate or a house? ... (h) Do you receive any rental income? ... (i) Do you own any personal property ... (j) Do you receive money from social security ... (k) Do you have any investments?

(l) Do you owe money to others (e.g. rent, credit card debts, loan payments, etc.)? Yes No

If yes, what? _____ How much? \$ _____ To whom? Name: _____

Address: _____ Phone: _____

(m) If you are married and living with your spouse, state his or her name: _____

Does your spouse work? Yes No If yes, his/her annual income \$ _____

Doing what and where? _____

(n) List persons to whom you actually provide support, your relationship to them and the amount you pay in support.

<u>Name of Persons You Support</u>	<u>Relationship</u>	<u>Amount of Support</u>	<u>Frequency</u>
_____	_____	\$ _____	<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly
_____	_____	\$ _____	<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly
_____	_____	\$ _____	<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly

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 (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.

I HEREBY CERTIFY that on _____, a copy of the foregoing Request for Waiver of Filing Fee for Foreclosure Mediation was mailed, postage prepaid, to:

Clerk of Court

Address

Name

Address

Name

Address

Name

Address

Borrower's Signature Date

Address:

City, State, Zip:

Phone: