|  |  |
| --- | --- |
| **Surrogate’s Court** |  |
| **County of** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| In the matter of: |  |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **File Number:** |
|  |  |

State of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, County of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. I am a [ ]  Petitioner/Person Bringing the Case [ ]  Respondent/Person Objecting
in this proceeding. This statement is made in support of my request to waive the filing fee.
2. I live at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.
3. I have the following: [Check all that apply]

|  |  |  |
| --- | --- | --- |
|[ ]  Income | Source:  | Monthly Amount: |
|  |  | [ ]  Public Assistance  | $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  | [ ]  Spousal Support | $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  | [ ]  Social Security/SSI/SSID | $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  | [ ]  Wages | $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  | [ ]  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|[ ]  Bank Account(s) | Type:  | Balance: |
|  |  | [ ]  Checking | $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  | [ ]  Savings | $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|[ ]  Real Estate | Address: | Market Value:$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|[ ]  Personal Items  | Type: | Estimated Value: |
|  |  | [ ]  Antiques | $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  | [ ]  Cell phone | $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  | [ ]  Clothing worth more than $100 | $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  | [ ]  Fine art | $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  | [ ]  Furniture | $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  | [ ]  Jewelry | $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  | [ ]  Memorabilia/collectibles | $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  | [ ]  Musical instruments | $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  | [ ]  Precious gems or metals | $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  | [ ]  Tablet, laptop, or computer | $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  | [ ]  Television or audio equipment | $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  | [ ]  Other (worth more than $100): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|[ ]  Vehicles | Type: | Market Value: |
|  |  | Make \_\_\_\_\_\_\_\_\_\_\_\_\_ Model \_\_\_\_\_\_\_\_\_\_ Year: \_\_\_\_\_\_ | $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  | Make \_\_\_\_\_\_\_\_\_\_\_\_\_ Model \_\_\_\_\_\_\_\_\_\_ Year: \_\_\_\_\_\_ | $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  | Make \_\_\_\_\_\_\_\_\_\_\_\_\_ Model \_\_\_\_\_\_\_\_\_\_ Year: \_\_\_\_\_\_ | $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  | Make \_\_\_\_\_\_\_\_\_\_\_\_\_ Model \_\_\_\_\_\_\_\_\_\_ Year: \_\_\_\_\_\_ | $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

1. My monthly expenses are as follows:

|  |  |  |
| --- | --- | --- |
|[ ]  Housing  | Type: | Monthly Amount: |
|  |  | [ ]  Mortgage | $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  | [ ]  Rent | $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|[ ]  Utilities | Utilities can include cable television, internet service, mobile phone service, telephone service, water, gas, and electric. | Monthly amount: |
|  |  |  | $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|[ ]  Other | Type: | Monthly amount: |
|  |  | [ ]  Medical or prescription | $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  | [ ]  Child support | $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  | [ ]  Spousal support | $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  | [ ]  Education | $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  | [ ]  Childcare | $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  | [ ]  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

1. In addition to myself, I am responsible for supporting others, in whole or part. The details are as follows: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. I request a court order: [Choose one of the following]

[ ]  Waiving any and all court filing fees for this case

[ ]  Waiving the filing fee for a Notice of Appeal

[ ]  Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. I make this application based on CPLR §1101. I do not have and cannot get the funds to pay the necessary costs, fees, and expenses. I cannot proceed unless the order is granted.
2. Has a Summons and Complaint, Summons with Notice, Notice of Petition, Petition, or Order to Show Cause been filed in this case? [ ] Yes [ ] No

|  |
| --- |
| If yes, you must:* Serve this Application to Waive Court Fees and Costs [UCS-FW1] with Notice of Motion [UCS-FW2] on the:
	+ Other parties in the case
	+ Corporation Counsel (if filed in NYC)
	+ County Attorney (if filed outside of NYC)
* File an Affirmation of Service [UCS-FW3] with the court
 |

1. The facts of my case are: [Choose one of the following]

[ ]  explained in my attached papers (you must attach your complaint, petition, answer, or affidavit of facts).

[ ]  as follows (explain why you have a valid case): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. No other person who may benefit from the outcome of this case is able to pay such costs, fees, and expenses.
2. [Choose one of the following]

[ ]  I **have not** previously applied to waive the court fees and costs in this case.

[ ]  I **have** previously applied to waive the court fees and costs in this case, but I am applying again because: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I affirm this \_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_, under the penalties of perjury under the laws of New York, which may include a fine or imprisonment, that the foregoing is true, and I understand that this document may be filed in an action or proceeding in a court of law.

|  |  |
| --- | --- |
|  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | **Signature** |
|  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | **Print Name** |

**Note:** Contact the court and ask if you are required to submit any additional documentation and/or if you are required to serve any other party.