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IN THE JUSTICE COURT OF _____ TOWNSHIP
IN AND FOR THE COUNTY OF _____, STATE OF NEVADA

Name: _____
Address: _____
Phone: _____
Landlord/Plaintiff

vs.

CASE NO: _____

Name: _____
Address: _____
Phone: _____
Tenant/Defendant

DEPT. NO: _____

**AFFIDAVIT/DECLARATION IN SUPPORT OF
APPLICATION TO WAIVE FEES AND COSTS**

I, _____, state that:

1. I have read the contents of this Application to Waive Fees and Costs and am competent to testify as to the contents of this Application and the contents are true of my own knowledge.

2. I am unable, because of my financial poverty, to pay the costs and fees of this case, and I am unable to give security for the costs and fees in this matter.

3. I wish to file with this Court but I cannot pay the costs of filing because I lack sufficient income, assets or other resources. Including myself, there are ____ adults and ____ children in my household. Their age(s) is/are _____, _____, _____, and _____.

1 My total monthly income before taxes is:

2 From all sources including
3 employment, self-employment,
4 social security, child support,
alimony, State and County benefits, etc. \$ _____

5 Any other household income from
6 another member of the household: \$ _____

7 List where you work and your job title: _____

8 _____

9 The following represents a list of my assets and their value:

	<u>Value</u>	<u>Loan Balance</u>
11 Automobile (year and type of car)		
12 _____	\$ _____	\$ _____

13 Mobile Home (model, year and size), House, 14 or Other Real Estate		
15 _____	\$ _____	\$ _____

16 Bank Accounts (bank name; type of account)		
17 _____	\$ _____	\$ _____

18 Other		
19 _____	\$ _____	\$ _____
20 _____	\$ _____	\$ _____

21 My total monthly expenses are:

22 Rent or Mortgage..... \$ _____

23 Phone, Gas, Electricity, and Other Utilities \$ _____

24 Food \$ _____

25 Child Care \$ _____

26 Insurance..... \$ _____

27 Medical \$ _____

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Transportation \$ _____

Child support and child care expenses paid to someone else.... \$ _____

Other

_____ \$ _____

_____ \$ _____

_____ \$ _____

TOTAL MONTHLY EXPENSES \$ _____

1 I swear the above is true. Signature: _____

2

3

4 SUBSCRIBED AND SWORN to before me this ____ day of _____,

5

6 20____.

7

8 NOTARY PUBLIC

9

OR

10 DEPUTY CLERK _____

11

12

OR
THE FOLLOWING:

13

14

15

16 Pursuant to NRS 53.045:

17 "I declare under penalty of perjury under the law of the State of Nevada that the foregoing is
18 true and correct."

19

20 Executed on _____, 20____

21

22

23

Signature

24

25

26

Print Name

27

28