

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28

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.

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

4
5 My total monthly income before taxes is:

6 From all sources including
7 employment, self-employment,
8 social security, child support,
9 alimony, State and County benefits, etc. \$ _____

10 Any other household income from
11 another member of the household: \$ _____

12 List where you work and your job title: _____

13
14 The following represents a list of my assets and their value:

	<u>Value</u>	<u>Loan Balance</u>
15 Automobile (year and type of car)		
16 _____	\$ _____	\$ _____
17		
18 Mobile Home (model, year and size), House, 19 or Other Real Estate		
20 _____	\$ _____	\$ _____
21		
22 Bank Accounts (bank name; type of account)		
23 _____	\$ _____	\$ _____
24		
25 Other		
26 _____	\$ _____	\$ _____
27		
28 _____	\$ _____	\$ _____

1 My total monthly expenses are:

2 Rent or Mortgage..... \$ _____

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

4 Food \$ _____

5 Child Care \$ _____

6 Insurance..... \$ _____

7 Medical \$ _____

8 Transportation \$ _____

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

10 Other

11 _____ \$ _____

12 _____ \$ _____

13 _____ \$ _____

14 **TOTAL MONTHLY EXPENSES** \$ _____

15

16

17

18

19

20

21

22

23

24

25

26

27

28

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

27

Print Name

28