_____
(NAME)
_____
(ADDRESS)
_____
(CITY, STATE, ZIP)
_____
(TELEPHONE)

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

_____, Case No. _____

Plaintiff(s) Dept. _____

vs

_____, APPLICATION TO WAIVE FEES

_____ Defendant(s). /

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

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

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

a. Monthly Income from Employment: $_____

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

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

d. Other Income (explain): _____ $_____

TOTAL MONTHLY INCOME..... $_____

3. My monthly expense are as follows:

a. Ren/Mortgage: $_____

b. Phone, gas, electricity and other utilities: $_____

c. Food: $_____

d. Child Care and/or Child Support Paid to someone else: $_____

e. Insurance: $_____

f. Medical: $_____

g. Transportation: $_____

h. Other Expenses (explain): _____ $_____

TOTAL MONTHLY EXPENSES. . . . . . $_____

4. My assets are as follow:

a. Automobiles _____ $_____
(Year, make and model) (market price less loan balance)

b. Home, mobile home or other real esate: _____ $_____
(Year, make and model) (market price less loan balance)

c. Bank Account(s) _____ $_____
(Name of Bank and Account Type) (Account Balance)

d. Other Assets (explain):_____ $_____
(Value)

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

_____ _____ _____
(Date) *(Print Name)* *(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.

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

_____, Plaintiff(s),

vs

_____, Defendant(s)./

Case No. _____

Dept. _____

ORDER REGARDING APPLICATION TO WAIVE FEES

Upon consideration of the Application to Waive Fees filed in the instant case, and good cause appearing therefor,

☐ **IT IS HEREBY ORDERED** that the application is **GRANTED**. The applicant shall be permitted to proceed with fees and costs waived in this action as permitted by NRS 12.015. He/she shall proceed without the prepayment of costs or fees and the Clerk of Court shall file or issue any necessary writ, process pleading or paper without charge. The sheriff or other appropriate officer within this state shall make personal service of any necessary writ, pleading or paper without charge.

OR

☐ **IT IS HEREBY ORDERED** that the application is **DENIED** for the following reasons:

☐ The applicant is not indigent within the meaning of NRS 12.015;

☐ Other: _____

_____

_____

_____ DATED

_____ JUSTICE OF THE PEACE