

Commonwealth of Puerto Rico
GENERAL COURT OF JUSTICE
 Supreme Court Court of Appeals
 Court of First Instance, Superior Municipal Court of _____

<input type="checkbox"/> Plaintiff <input type="checkbox"/> Petitioner <input type="checkbox"/> Appellant <input type="checkbox"/> Other: _____ v. <input type="checkbox"/> Defendant <input type="checkbox"/> Respondent <input type="checkbox"/> Other: _____

Case No. _____

RE: _____

APPLICATION AND DECLARATION FOR WAIVER OF FEES DUE TO INDIGENCY

To the Honorable Court:

Comes Now _____ ,
First and Last Names

- the applicant,
- the applicant's representative,
- the underage or incapacitated applicant, represented by a parent, legal guardian, or person with custody,

pro se, and respectfully states, alleges, and prays:

1. The applicant is unable to pay the fees for this proceeding, as required by law.
2. I am convinced that the claim has merit.
3. In support of this application, I declare under penalty of perjury that the answers to the following questions are true.

INSTRUCTIONS: Complete all the questions in this form and sign it. Do not leave any questions unanswered. If the answer is "0," "none," or "not applicable," write that as your response. If you need more space to answer a question attach a separate sheet of paper identified with your name, the parties to the action, the case number, and the question number.

A. INFORMATION OF THE PERSON FOR WHOM THE FEE WAIVER IS REQUESTED:

Name	Initial	First Last Name	Second Last Name
Date of Birth (day/month/year): _____			Age: _____
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Intersex <input type="checkbox"/> Other/Nonbinary: _____			
<input type="checkbox"/> I rather not answer			
Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Domestic Partnership			
Can you read? <input type="checkbox"/> Yes <input type="checkbox"/> No Can you write? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Highest Degree Completed: _____			
<input type="checkbox"/> Elementary School	<input type="checkbox"/> Middle School	<input type="checkbox"/> High School	<input type="checkbox"/> Master's
<input type="checkbox"/> Technical Degree	<input type="checkbox"/> Bachelor's	<input type="checkbox"/> Graduate	<input type="checkbox"/> Doctorate
Professional or Vocational Training: _____			
Physical Address: _____			
Is the physical address the same as the mailing address? <input type="checkbox"/> Yes <input type="checkbox"/> No (Please provide the mailing address): _____			
Email: _____			
Mobile Phone: (_____) _____ Home Phone: (_____) _____			

Case No. _____

Is the person incarcerated? Yes No

If so, provide the name of the institution: _____

Is the person admitted to a psychiatric hospital or prison psychiatric facility, ward, or unit?

Yes No

If so, provide the name of the institution: _____

Has the person been declared incompetent by a court? Yes No

If so, provide the date of the declaration of incapacity, the court that issued the decree, and the case number: _____

B. EMPLOYMENT AND FINANCIAL INFORMATION OF THE PERSON FOR WHOM THE FEE WAIVER IS REQUESTED, THEIR SPOUSE OR PARTNER, OR PARENTS, GUARDIANS, OR PERSON WITH CUSTODY, IN THE CASE OF A MINOR: (Specify each source of income and attach evidence of what is reported, such as pay stubs, employment verification, cheques, bank statements, income tax returns, certifications issued by the Municipal Revenue Collection Center (CRIM), certifications issued by the Child Support Administration (ASUME), contracts, among others).

Are you employed? Yes No

If so, provide the following information:

Occupation: _____

Name of Employer: _____

Address: _____

Telephone: (_____) _____ Ext. _____

Wages: \$ _____ weekly biweekly every fifteen days monthly

Are you on unpaid leave? Yes No

If so, provide the term and type of leave: _____

If unemployed, provide the date when you became unemployed (day/month/year): _____

Provide you employment experience during the past three (3) years (include the name and address of your employer, date of employment, position and monthly wages earned):

Is your spouse or partner employed? Yes No

If so, provide the following information:

Occupation: _____

Name of Employer: _____

Address: _____

Telephone: (_____) _____ Ext. _____

Wages: _____ weekly biweekly every fifteen days monthly

Is your spouse or partner on unpaid leave? Yes No

If so, provide the term of the leave: _____

If your spouse or partner unemployed, provide the date when they became unemployed (day/month/year), the name, place, position, and monthly wages earned at their last employment:

Case No. _____

Specify the monthly income received:

- Applicant's gross monthly income for employment, business, or self-employment \$ _____
 - Spouse/Partner's gross monthly income for employment, business, or self-employment _____
 - Other monthly income received by the applicant or spouse/partner (*such as tips, commissions, interest, dividends, rental income, bonds, stipends, or other earnings. Specify the source and amount of each income.*) _____

- Total Income: \$ _____

Other Sources of Family Income:

- | | <i>Applicant's</i> | <i>Spouse or Partner</i> |
|---|--------------------|--------------------------|
| <input type="checkbox"/> Unemployment Payments | \$ _____ | \$ _____ |
| <input type="checkbox"/> Financial Aid | _____ | _____ |
| <input type="checkbox"/> Nutritional Assistance Program | _____ | _____ |
| <input type="checkbox"/> Temporary Assistance for Needy Families (TANF) | _____ | _____ |
| <input type="checkbox"/> Benefits for Veterans in Poverty | _____ | _____ |
| <input type="checkbox"/> Pensions | | |
| <input type="checkbox"/> Social Security | _____ | _____ |
| <input type="checkbox"/> Veterans Affairs Pension | _____ | _____ |
| <input type="checkbox"/> State Insurance Fund/Worker's | _____ | _____ |
| <input type="checkbox"/> Retirement Plans | _____ | _____ |
| <input type="checkbox"/> Federal Government | _____ | _____ |
| <input type="checkbox"/> Other Pensions (specify each) | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
- Total Income of Other Sources: \$ _____

Has the applicant or their spouse or partner received money in the past twelve (12) months from any of the following sources? If so, provide the amounts received below:

		<i>Applicant</i>	<i>Spouse or Partner</i>
Retirement or disability payments, annuities, or life insurance	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____	\$ _____
Income from real estate property (such as proceeds from a sale or rental income)	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
Income from the sale of personal property (such as vehicles or watercraft)	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
Interest or Dividends	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
Inheritance, donations, or gifts	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
Spousal Support	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
Child Support	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
Support of Relatives	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
Prizes from Casinos, Lotteries, Horse Races, or Other Gambling Winnings	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
Grants or Scholarships	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
Other Sources of Income (explain):	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____

Case No. _____

Are you expecting any significant changes in your monthly income during the next twelve (12) months? Yes No

If so, explain: _____

Do you receive any of the following benefits?

- Government Health Plan
- Government subsidies for utility payments (e.g., water, electricity, telephone)

Do you file income tax returns? Yes No

If so, what was the last year you filed a tax return? _____

Have you filed for bankruptcy with the United States Bankruptcy Court? Yes No

If so, provide the following:

Case Number: _____ Filing Date: _____

Stage of the Proceedings: _____

Provide the amount of the payment plan authorized by the court, if applicable:

\$ _____

Information of dependents who do not live in the same household as the person for whom this application is filed:

<i>First and Last Names</i>	<i>Age</i>	<i>Relation</i>	<i>Required to Pay Child Support?</i>	<i>Monthly Payment</i>
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	

Is there child support debt? Yes No

If so, provide the name and amount for each obligee (the beneficiary of the child support payments):

C. INFORMATION ON ASSETS OF THE PERSON FOR WHOM THE FEE WAIVER IS REQUESTED, THEIR SPOUSE OR PARTNER, OR PARENTS, GUARDIANS, OR PERSON WITH CUSTODY, IN THE CASE OF A MINOR: (Attach evidence of what is reported, such as deeds, property titles, contracts, certifications issued by the Municipal Revenue Collection Center (CRIM), motor vehicle licenses, bank statements, among others).

Does the applicant or their spouse or partner own the property where they live?

Yes No

If so, provide the following:

Address for the Property: _____

Description of the Property: _____

Approximate value: \$ _____

Lot Size: _____

If there is a mortgage on the property, provide the amount owed: _____

Is there a mortgage foreclosure proceeding pending against the applicant? Yes No

Has the case been referred to mediation? Yes No

Does the applicant or their spouse or partner own any other real estate property (such as, houses, apartments, or plots of land)? Yes No

Case No. _____

If so, provide the following for each real estate property:

Address for the Property: _____

Description of the Property: _____

Approximate value: \$ _____

Lot Size: _____

If there is a mortgage on the property, provide the amount owed: _____

Address for the Property: _____

Description of the Property: _____

Approximate value: \$ _____

Lot Size: _____

If there is a mortgage on the property, provide the amount owed: _____

Indicate whether the applicant or their spouse or partner own other assets, including jewelry, stock, financial instruments, bonds, or any other item of value:

<i>Description</i>	<i>Approximate Value</i>
	\$

Indicate all motor vehicles or watercraft (such as, cars, trucks, motorcycles, trailers, four tracks, or any other land vehicle; ferries, launches, boats, or jet skis) belonging to the applicant or any member of the household:

<i>Make</i>	<i>Model</i>	<i>Year</i>	<i>Financial Institution, if any</i>	<i>Approximate Value</i>
				\$

Indicate cash money the applicant or their spouse or partner has:

\$ _____

Indicate the amount of money the applicant or their spouse or partner may have in bank accounts:

<i>Bank</i>	<i>Account Type</i>	<i>Amount</i>
		\$

Does the applicant or their spouse or partner have IRA accounts or pension plans?

Yes No

If so, provide the name of the entity and the amount: _____

List any natural person, legal entity, business, or organization owing the applicant or their spouse or partner money:

Name	Amount Owed
	\$

If the applicant is incarcerated, provide a certified copy of the applicant's account statement that shows their activity for the last six (6) months prior to the commencement of the case for which fees are to be waived, issued by a correctional institution official. Also indicate the amount indicated in the account statement:

\$ _____ .

D. MEMBERS OF THE HOUSEHOLD OF THE PERSON FOR WHOM THE FEE WAIVER IS REQUESTED: *(Specify each source of income and attach evidence of what is reported, such as pay stubs, cheques, bank statements, income tax returns, among others).*

Information of the individuals who live in the household (do not include information for the applicant or their spouse or partner):

First and Last Names	Relation	Age	Dependent	Income Source	Gross Monthly Income
			<input type="checkbox"/> Yes <input type="checkbox"/> No		\$
			<input type="checkbox"/> Yes <input type="checkbox"/> No		
			<input type="checkbox"/> Yes <input type="checkbox"/> No		
			<input type="checkbox"/> Yes <input type="checkbox"/> No		
			<input type="checkbox"/> Yes <input type="checkbox"/> No		

E. INFORMATION ON MONTHLY EXPENSES AND FINANCIAL OBLIGATIONS: *(Attach evidence of the expenses reported, such as contracts, payment book, canceled cheques, bank statements, invoices, payment receipts, among others).*

State all monthly expenses:

- Food \$ _____
- Clothing _____
- Water _____
- Electricity _____
- Telephone _____
- Transportation _____
- Mortgage or rent on principal residence _____
- Health insurance _____
- Medical expenses _____
- Other (describe): _____
- _____
- _____
- _____
- _____
- _____
- _____

Total Expenses: \$ _____

Case No. _____

Indicate all your monthly debts and obligations (such as, credit cards, personal loans, commercial loans, car loans or leases, lines of credit or financing):

<i>Name of Creditor or Financial Institution</i>	<i>Balance Owed</i>	<i>Monthly Payment</i>
	\$	\$
Total Monthly Payments: \$		

Are you expecting any significant changes in your monthly expenses or obligations during the next twelve (12) months? Yes No

If so, explain: _____

F. INFORMATION OF PRIOR LITIGATION: (Fill out this information only if this application is to request a fee waiver to file a petition with the Supreme Court or the Court of Appeals).

Did you proceed as an indigent party before the Court of First Instance, the Court of Appeals, or and administrative agency? Yes No

I was represented in the Court of First Instance Court of Appeals administrative agency by:

- Court-appointed attorney
- Private attorney
- Legal Aid Society
- Other: _____

G. ATTACHMENTS

_____ documents are attached to this application in support of the information provided
(amount)
in sections B, C, D, and E of this form.

H. CONTACT INFORMATION OF THE APPLICANT, IF THE FEE WAIVER IS FOR ANOTHER PERSON:

Name: _____

Relation to the Applicant: _____

Physical Address: _____

Email: _____

Telephone: (_____) _____

Do you know a contact or relative who may provide additional information on the person for whom the fee waiver is requested? Yes No

If so, provide the following information:

Name: _____

Relation: _____

Physical Address: _____

Email: _____

Telephone: (_____) _____

Wherefore, we respectfully pray that this Honorable Court, after taking the appropriate actions in law, render judgment accordingly.

I. DECLARATION OF APPLICANT OR REPRESENTATIVE:

By signing this application, I certify under penalty of perjury, that the information presented in this document is true to the best of my personal knowledge and belief and attest to the truth and correctness of what is expressed herein.

Respectfully submitted.

In _____, Puerto Rico, _____ day of _____
City day month year

I certify that I will send on this day a copy of this application to the opposing party or counsel for the opposing party by email with receipt confirmation by regular mail personally other (specify): _____

Applicant's Name

Applicant's Signature

Applicant's Mailing Address:

Opposing Party's Mailing Address:

Physical Address (if different from mailing address):

Physical Address (if different from mailing address):

Telephone:

(_____) _____

Telephone:

(_____) _____

Email:

Email: