

FEE WAIVER REQUEST TO REGISTRAR, CLERK OR SHERIFF

NOTE: If you are or intend to be a litigation guardian for a party under disability or a person representing a special party under the *Family Law Rules*, DO NOT USE THIS FORM. Instead use form "Fee Waiver Request to Registrar, Clerk or Sheriff by a Litigation Guardian for a Person Under Disability or a Person Representing a Special Party".

(PLEASE PRINT CLEARLY)

[Please read the definitions in "A Guide to Fee Waiver Requests" before completing this form.]

1. My name is (full legal name)
2. I live in (municipality and province) and I swear/affirm that the following is true:
3. Title of proceeding/Name of case:
4. Court file/Claim number (if applicable):
5. My current mailing address, and fax number and e-mail address, if applicable, are:
.....
.....
.....

My current telephone number is: ()

6. Request made at (check one):
 Court of Appeal Divisional Court Superior Court of Justice
 Family Court Small Claims Court Ontario Court of Justice
 Enforcement Office
7. Court/Office location:
8. I require a court interpreter for a language other than English or French:
 for myself
 for witness(es)
 no

Fee waiver is only available to a party, or a person who intends to become a party, in a proceeding or case.

9. My court/enforcement fees are being paid by Legal Aid Ontario or by a lawyer under a contingency fee agreement:
(a) Yes
(b) Yes, but my Legal Aid certificate does not cover my divorce court fees.
(c) No

If your answer to paragraph 9 is "(a) Yes", do not complete paragraphs 10 to 14

10. The primary source of my household income is from one or more of the following sources:
 - income assistance from Ontario Works,
 - income support from Ontario Disability Support Program,
 - *Family Benefits Act* allowance,
 - Old Age Security Pension together with the Guaranteed Income Supplement,
 - War Veterans Allowance, and
 - Canada Pension Plan benefits: Yes No

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If your answer to paragraph 10 is "Yes", do not complete paragraphs 11 to 14

- 11. The number of people in my household, including me, my spouse and dependent children is:
12. The gross monthly income of my household, from all sources, is:
13. The total amount of my household's liquid assets is less than \$1,500:
14. My household's net worth is less than \$6,000:

This information is accurate to the best of my knowledge and belief. I agree to provide financial information and records, if requested, to confirm the information in this Request form.

SWORN (OR AFFIRMED) BEFORE ME AT the (City, Town, etc.) of
on (date)

(Signature of requestor)

COMMISSIONER FOR TAKING AFFIDAVITS (or as may be)

WARNING: IT IS AN OFFENCE UNDER THE CRIMINAL CODE TO KNOWINGLY SWEAR OR AFFIRM A FALSE AFFIDAVIT

NOTE: For more information on fee waiver, please contact your local court or enforcement office. A listing of court addresses can be found on the Ministry of the Attorney General website at: www.attorneygeneral.jus.gov.on.ca. Please remember that court and enforcement staff cannot complete the forms for you or give you legal advice about your case.

Personal information contained on this form is collected under the authority of ss. 4.3, 4.5 and 4.6 of the Administration of Justice Act, R.S.O. 1990, c. A.6. This information will be used to determine fee waiver eligibility. By signing this form, you agree to provide supporting financial documentation and records if requested to do so by the Ministry of the Attorney General, which would be used to confirm the information you provide in this form. If you have any questions regarding the collection of personal information for fee waiver requests, please contact the Manager of Administrative Services, Civil/Family Policy and Programs Branch, Ministry of the Attorney General, 720 Bay Street, 2nd floor, Toronto, ON M5G 2K1, (416) 326-1028.

(For Office Use Only)

Requestor is eligible for fee waiver under the Administration of Justice Act, R.S.O. 1990, c. A.6:

- Yes No

(Date of signature)

(Signature of registrar, clerk of the court or sheriff)