

# FEE WAIVER REQUEST TO COURT

**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.]

(a) This is a request for waiver of court and/or enforcement fees with respect to (select one):

a proceeding before the (specify court) \_\_\_\_\_

the enforcement of an order of the (specify court or administrative tribunal) \_\_\_\_\_

(b) Title of proceeding/Name of case: \_\_\_\_\_

(c) Court file/Claim number (if applicable): \_\_\_\_\_

(d) In support of this request, I, (full legal name of requestor) \_\_\_\_\_

submit the following affidavit, the \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_ .

\_\_\_\_\_  
(Signature of requestor)

(To be completed by registrar or clerk if the requestor is eligible for fee waiver under s. 4.4(4) Administration of Justice Act, R.S.O. 1990, c. A.6)

Requestor is eligible for fee waiver under s. 4.4(4) Administration of Justice Act, R.S.O. 1990, c. A.6:

Yes       No

\_\_\_\_\_  
(Date of signature)

\_\_\_\_\_  
(Signature of registrar or clerk of the court)

(To be completed by the Court if the requestor is not eligible for fee waiver under s. 4.4(4) Administration of Justice Act, R.S.O. 1990, c. A.6)

**This Court orders that**

a fee waiver certificate shall be given.       a fee waiver certificate shall not be given.

Reasons, if applicable:

\_\_\_\_\_  
(Date of signature)

\_\_\_\_\_  
(Signature of judge, deputy judge or case management master)

# AFFIDAVIT IN SUPPORT OF FEE WAIVER REQUEST

**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 "Affidavit in Support of Fee Waiver Request by a Litigation Guardian for a Person Under Disability or a Person Representing a Special Party".**

(PLEASE PRINT CLEARLY)

1. I, (full legal name) \_\_\_\_\_, of the (City, Town, etc.)  
of \_\_\_\_\_,

I make this affidavit in support of my request for waiver of court and/or enforcement fees.

2. [Select and complete one.]

I am the \_\_\_\_\_ in this proceeding  
or case, or I intend to become a party in this proceeding or case.

**OR**

I am seeking enforcement of an order of the (specify court or administrative tribunal)

\_\_\_\_\_ made in the proceeding or case of (title of proceeding/name of case)

3. My current mailing address, and fax number and e-mail address, if applicable, are:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

My current telephone number is: ( \_\_\_\_\_ ) \_\_\_\_\_

4. 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 person who intends to become a party, in a proceeding or case.

5. 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 5 is "(a) Yes", do not complete paragraphs 6 to 10 or the Exhibits*

6. 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

*If your answer to paragraph 6 is "Yes", do not complete paragraphs 7 to 10 or the Exhibits*

**AFFIDAVIT IN SUPPORT OF FEE WAIVER REQUEST**

7. The number of people in my household, including me, my spouse and dependent children is:  
 1     2     3     4     5+

8. The gross monthly income of my household, from all sources, is:  
 Under \$1,500                       \$1,500-\$2,249                       \$2,250-\$2,582  
 \$2,583-\$3,082                       \$3,083-\$3,582                       \$3,583 or more

9. The total amount of my household's liquid assets is less than \$1,500:     Yes                       No

10. My household's net worth is less than \$6,000:                       Yes                       No

*If your answer to paragraph 5 is "(a) Yes" or your answer to paragraph 6 is "Yes", cross out paragraphs 11 and 12 and do not complete the Exhibits.*

11. Attached as Exhibit "A" is a financial statement that accurately sets out my household's estimated monthly income, expenses and assets.
12. Attached as Exhibit "B" is a copy of (select one):  
 the first document I filed or wish to file in this proceeding that sets out my position in the case (for example, statement of claim or application; statement of defence, answer).  
**OR**  
 the order I wish to enforce or continue enforcing.

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.

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](http://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, 2<sup>nd</sup> floor, Toronto ON M5G 2K1, (416) 326-1028.

# EXHIBIT "A"

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

Exhibit "A" to the affidavit of

this

\_\_\_\_\_ ,

\_\_\_\_\_ day of \_\_\_\_\_ , 20 \_\_\_\_\_ .

\_\_\_\_\_  
COMMISSIONER FOR TAKING AFFIDAVITS  
(or as may be)

## FINANCIAL STATEMENT

### 1. HOUSEHOLD

Besides myself, the following individuals make up my household:

Name of individual	Relationship	Age

### 2. ESTIMATED NET MONTHLY HOUSEHOLD INCOME

[Attach copies of documents proving your income – for example, most recent pay stubs, income tax returns and T-4 slips, benefit statements.]

Estimated net monthly household income from all sources (i.e., the income remaining after non-voluntary deductions such as income tax and union dues):

Employment	\$
Pension	\$
Dividends	\$
Interest	\$
Support received (child and spousal)	\$
Other (please specify)	\$
<b>TOTAL (Estimated net monthly household income)</b>	<b>\$</b>

**3. ESTIMATED MONTHLY HOUSEHOLD EXPENSES**

*[Attach copies of receipts for the following:]*

Monthly expenses related to housing (e.g., rent, mortgage payments)	\$
Monthly expenses related to transportation (e.g., train passes, automotive maintenance)	\$
Monthly expenses related to household (e.g., utilities, maintenance)	\$
Monthly expenses related to medical and dental	\$
Other personal monthly expenses (e.g., food, clothing)	\$
Other monthly expenses, not included in above, related to dependant children <i>(please specify)</i>	\$
Monthly debt payments <i>(please specify)</i>	\$
<b>TOTAL</b> <b>(Estimated net monthly household expenses)</b>	\$

**4. HOUSEHOLD ASSETS**

*[Specify all assets, including liquid assets (e.g., bank accounts, RRSPs) and non-liquid assets (an asset that cannot readily be converted to cash, e.g., real property) and set out their estimated value.]*

<b>Asset</b>	<b>Value</b>
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$



**EXHIBIT "B"**

Exhibit "B" to the affidavit of

this

\_\_\_\_\_ ,

\_\_\_\_\_ day of \_\_\_\_\_ , 20 \_\_\_\_\_ .

\_\_\_\_\_  
COMMISSIONER FOR TAKING AFFIDAVITS  
(or as may be)

*[Attach either a copy of the first document you filed or wish to file in this proceeding that sets out your position in the case (for example, statement of claim or application; statement of defence, answer), or a copy of the order you wish to enforce or continue enforcing, as appropriate.]*