

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 _____
that the following is true:
3. Title of proceeding/Name of case: _____
4. Court file/Claim number (if applicable): _____
5. I am/intend to be (check one)
- a litigation guardian for a party under disability, **or**
 a person representing a special party under the *Family Law Rules*.
6. My current mailing address, and fax number and e-mail address, if applicable, are:

- My current telephone number is: (_____) _____
7. Request made at (check one):
- | | | |
|---|---|--|
| <input type="checkbox"/> Court of Appeal | <input type="checkbox"/> Divisional Court | <input type="checkbox"/> Superior Court of Justice |
| <input type="checkbox"/> Family Court | <input type="checkbox"/> Small Claims Court | <input type="checkbox"/> Ontario Court of Justice |
| <input type="checkbox"/> Enforcement Office | | |
8. Court/Office location: _____

NOTE: The party under disability or the special party under the *Family Law Rules* is the "requestor" for the purposes of paragraphs 9 to 15 below. You should complete paragraphs 9 to 15 with information about the requestor.

9. The requestor requires a court interpreter for a language other than English or French:
- for the requestor
 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.

10. The requestor's court/enforcement fees are being paid by Legal Aid Ontario or by a lawyer under a contingency fee agreement:
- (a) Yes
(b) Yes, but the requestor's Legal Aid certificate does not cover his/her divorce court fees.
(c) No

If your answer to paragraph 10 is "(a) Yes", do not complete paragraphs 11 to 15

11. The primary source of the requestor's 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 11 is "Yes", do not complete paragraphs 12 to 15

12. The number of people in the requestor's household, including the requestor, the requestor's spouse and dependent children is:

1 2 3 4 5+

13. The gross monthly income of the requestor's 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

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

15. The requestor's household's net worth is less than \$6,000: Yes No

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 litigation guardian
or person representing a special party)

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)