

# FEE WAIVER REQUEST TO REGISTRAR, CLERK OR SHERIFF

## Before you begin

- Be sure that you have the right form. You must use a different form if you're making a request to the court, or if you're a litigation guardian.
- Read through the form and make sure you have the documents you'll need to attach to prove your income (see financial information on page 2).
- For more information about fee waivers and instructions on filling out this form, ask for a guide in your local courthouse or visit [ontario.ca/courts](http://ontario.ca/courts).

## Your personal information

Full legal name		City or town	Province
Phone number ( )	Fax number ( )	Mailing address	
Email address			

## Case Information

Title of proceeding or name of case	
Court file or claim number	Court/office location
Where is this fee waiver request being made? <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	
Will you or any of your witnesses need a court interpreter for a language other than English or French? <input type="checkbox"/> Yes (check any that apply) <input type="checkbox"/> No <input type="checkbox"/> For myself <input type="checkbox"/> For any witnesses	

## Eligibility

Are your court or enforcement fees being paid by a lawyer under a contingency fee agreement? <i>In a contingency fee agreement, you and your lawyer would have agreed that you will only pay if the case is successful.</i> <input type="checkbox"/> Yes <input type="checkbox"/> No → If you answered <b>yes</b> to this question, you are not eligible for a fee waiver and should not complete the rest of this form.
Are you receiving services from Legal Aid Ontario for this case? <input type="checkbox"/> Yes <input type="checkbox"/> No → If you answered <b>yes</b> to this question, you are eligible for a fee waiver. Skip to the <b>Swearing or Affirming this Document</b> section below.



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Is your main source of household income from one or more of the following?

- Income assistance from Ontario Works
- Income support from the Ontario Disability Support Program
- *Family Benefits Act* allowance
- Old Age Security Pension and the Guaranteed Income Supplement
- War Veterans Allowance
- Canada Pension Plan benefits

Yes  No

→ If you answered **yes** to this question, skip to the **Financial information** section below.

How many people are in your household, including you, your spouse, and any dependent children?

1  2  3  4  5 or more

What is your gross annual household income?

*This is the total amount of money that all of the members in your household make in a year, before taxes or deductions.*

	Your income	Your spouse's income	Other household members' income
<b>Estimated gross annual income</b> (for each person)	\$	\$	\$
<b>Total</b> (estimated gross annual household income)	\$		

Is the total amount of your household's liquid assets less than \$2,600?

*This is the total amount of liquid assets owned by members of your household that are money or can easily be converted into money, such as stocks, bonds, RRSPs that are not locked in, or GICs.*

Yes  No

Is your household's net worth less than \$10,500?

*This is the value of all assets owned by the members of your household, minus the amount of all their debts and other financial liabilities.*

Yes  No

### Financial information

Attach one of the following proof of income documents for each of you and your spouse. Indicate below which you have provided.

If you and your spouse are currently living apart and no longer in a relationship, you do not have to provide information and documents for them.

You	Spouse	
<input type="checkbox"/>	<input type="checkbox"/>	income tax return or notice of assessment for the most recent tax year
<input type="checkbox"/>	<input type="checkbox"/>	most recent statement of earnings from your employer or your three most recent pay stubs
<input type="checkbox"/>	<input type="checkbox"/>	most recent statement of income showing income from employment insurance, social assistance, a pension, workers compensation or disability payments.

OR

**If you aren't able to provide the court with proof of income documents, please explain why and fill out the table below.**



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Fill out the table below, estimating the gross amount of annual income that you and your spouse received in the last year from each of the listed sources.

If you and your spouse are currently living apart and no longer in a relationship, you do not have to provide information for them.

	Your income	Your spouse's income	Other household members' income
Employment	\$	\$	\$
Pension	\$	\$	\$
Dividends	\$	\$	\$
Interest	\$	\$	\$
Support received (child and spousal)	\$	\$	\$
Other ( <i>please specify</i> ):	\$	\$	\$
<b>Estimated gross annual income</b> (for each person)	\$	\$	\$
<b>Total</b> (estimated gross annual household income)	\$		

### Swearing or affirming this document

Before you can finish your fee waiver application, you have to swear or affirm that the information you've provided is accurate. You can get your form sworn or affirmed at the court or enforcement office at no cost. You can also have your form sworn or affirmed by a notary public or someone else who is authorized to commission documents. **That person will fill out this section.**

**It is an offence under the Criminal Code to knowingly swear a false affidavit.**

I swear/affirm that 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 form.

SWORN/AFFIRMED BEFORE ME

at \_\_\_\_\_ (city or town) on \_\_\_\_\_ (date).

\_\_\_\_\_  
(signature of requestor)

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

### 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

Requestor has provided required proof of income documents:

Yes:  No

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

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

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 Operational Support Branch, Ministry of the Attorney General, 720 Bay Street, 2nd floor, Toronto, ON M7A 2S9, (416) 326-5364.



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