FEE WAIVER REQUEST TO COURT

NO	TE: If you are or intend to be a litigation gua representing a special party under the <i>F</i> Instead use form "Fee Waiver Request to Guardian for a Person Under Disability o	<i>Family Law Rules</i> , DO NC o Registrar, Clerk or She	OT USE THIS FORM. Beriff by a Litigation	
	(PLEASE PRIN	IT CLEARLY)		
(a)	This is a request for waiver of court and/or enforcement fe	es with respect to (select one):		
	a proceeding before the <i>(specify court)</i>			
	the enforcement of an order of the <i>(specify court or adn</i>	ninistrative 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, sworn/affirmed the			
	(Signature of requestor)			
	(To be completed by registrar or clerk if the s. 4.4(4) Administration of Justi		under	
Req	uestor is eligible for fee waiver under s. 4.4(4) Administration	on of Justice Act, R.S.O. 1990,	c. A.6:	
	🗌 Yes 🗌 No			
	(Date of signature)	(Signature of registra	ar or clerk of the court)	
	(To be completed by the Court if the reque s. 4.4(4) Administration of Justi		nder	
This	s Court orders that			
	a fee waiver certificate shall be given.	a fee waiver certificate s	hall not be given.	
Rea	isons, if applicable:		-	
	(Date of signature)		ge, deputy judge or ement master)	





AFFIDAVIT IN SUPPORT OF FEE WAIVER REQUEST

NO	OTE: If you are or intend to be a litigation guardian for a pa representing a special party under the <i>Family Law Ru</i> Instead use form "Affidavit in Support of Fee Waiver I for a Person Under Disability or a Person Representir	lles, DO NOT USE THIS FORM. Request by a Litigation Guardian
	(PLEASE PRINT CLEARLY)	
1.	. I, (full legal name)	, of the (City, Town, etc.)
	of	, MAKE OATH AND SAY (or AFFIRM):
	I make this affidavit in support of my request for waiver of court and/or enfo	rcement fees.
2.	. [Select and complete one.]	
	I am the appellant/respondent/plaintiff/applicant/defendant in t	his 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 <i>(specify court or administrati</i>	ve 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 applicat My current telephone number is:	ole, are:
4.		
	for myself for witness(es) no	
	Fee waiver is only available to a party, or person who intends to becom	e a pany, in a proceeding or case.
5.	. My court/enforcement fees are being paid by a lawyer under a contingency	fee agreement:
	Yes No	
<u>lf yo</u>	your answer to paragraph 5 is "Yes", you are not eligible for a fee waiver.	
6.	I am receiving services from Legal Aid Ontario in this case:	
	Yes No	
<u>lf yo</u>	your answer to paragraph 6 is "Yes", do not complete paragraphs 7 to 14.	
7.	. The primary source of my household income is from one or more of the foll	owing 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 Supple	ment,
	 War Veterans Allowance, and Canada Pension Plan benefits: 	
<u>lf yo</u>	your answer to paragraph 7 is "Yes", only complete paragraph 12.	





AFFIDAVIT IN SUPPORT OF FEE WAIVER REQUEST

8.	The number of people in my household, including me, my spouse and dependent children is:		
	□ 1 □ 2 □ 3	4 5+	
9.	The gross annual income of my hous	sehold, from <u>all</u> sources, is:	
	Under \$31,200\$54,000-64,800	 \$31,200-\$46,800 \$64,800-75,600 	 \$46,800-\$54,000 \$75,600 or more
10.	The total amount of my household's li	quid assets is less than \$2,600:	Yes No
11.	My household's net worth is less than	\$10,500:	🗌 Yes 🗌 No

If your answers to paragraphs 8-11 indicate that you **do** meet the prescribed financial eligibility, only complete paragraph 12. However, if your answers to paragraphs 8-11 indicate that you **do not** meet the prescribed financial eligibility, only complete paragraphs 13 and 14. You can go to Appendix A to learn more about the financial eligibility criteria.

- 12. Attached as Exhibit "A" is the financial information section that accurately sets out my household's estimated annual income.
- **13.** Attached as Exhibit "B" is a detailed financial statement that accurately sets out my household's estimated annual income, expenses and assets.
- 14. Attached as Exhibit "C" 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.

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: <u>www.attorneygeneral.jus.gov.on.ca</u>. 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 Operational Support Branch, Ministry of the Attorney General, 720 Bay Street, 2nd floor, Toronto, ON M7A 2S9, (416) 326-5364.





EXHIBIT "A"

Exhibit "A" to the affidavit of

, sworn/affirmed this

_____ day of ______, 20 _____.

COMMISSIONER FOR TAKING AFFIDAVITS (or as may be)

	Fina	ncial informatio	n		
Attac	ch one of the following proof of income documents fo	r each of you and you	r spouse. Indicate bel	ow which you have pr	ovided.
	u and your spouse are currently living apart and n uments for them.	o longer in a relation	ship, you do not hav	e to provide informat	ion and
Y	′ou Spouse				
	income tax return or notice of a	assessment for the m	nost recent tax year		
	most recent statement of earni	ngs from your emplo	yer or your three mo	st recent pay stubs	
	most recent statement of incor assistance, a pension, workers			urance, social	
		OR			
lf vo	ou aren't able to provide the court with proof o	f income document	s , please explain wh	v and fill out the table	e below.
					, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	but the table below, estimating the gross amount on each of the listed sources.	of annual income that	you and your spous	e received in the last	t year
lf yo them	น and your spouse are currently living apart and n า.	o longer in a relation	ship, you do not hav	e to provide informat	ion for
		Your income	Your spouse's income	Other household members' income	
	Employment	\$	\$	\$	
	Pension	\$	\$	\$	
	Dividends	\$	\$	\$	
	Interest	\$	\$	\$	
	Support received (child and spousal)	\$	\$	\$	
	Other (<i>please specify</i>):	\$	\$	\$	
	Estimated gross annual income (for each	\$	\$	\$	
	Total (estimated gross annual household income)	\$			





EXHIBIT "B"

Exhibit "B" to the affidavit of

Ġ.

, **sworn/affirmed** this

_____day of ______, 20 _____.

COMMISSIONER FOR TAKING AFFIDAVITS (or as may be)

DETAILED FINANCIAL STATEMENT

1. HOUSEHOLD

Besides myself, the following individuals make up my household: (If you are married but living separate and apart from your spouse due to a breakdown in the Relationship, do not include the spouse in the household.)

Name of individual	Relationship	Age

2. ESTIMATED NET ANNUAL 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 annual 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)	
	\$
TOTAL (Estimated net annual household income)	\$



3. ESTIMATED ANNUAL HOUSEHOLD EXPENSES

[Attach copies of receipts for the following:]

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

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.]

Asset	Value
	\$
	\$
	\$
	\$
	\$
	\$





5. ADDITIONAL FINANCIAL INFORMATION

NOTE: This section is **optional.** Complete it only if you would like to provide relevant information about your financial circumstances that has not already been set out in this affidavit.

[Attach copies of any documents you have that prove the financial information you provide below.]

I feel that the following information about my financial situation, which has not already been mentioned in this affidavit, is important to my request for fee waiver:





EXHIBIT "C"

Exhibit "C" to the affidavit of

, sworn/affirmed 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.]





Fee waiver eligibility criteria for automatic entitlement – gross annual household income and assets

Criteria		
Gross annual household income	1 person in your household	\$31,200
Gross annual household income is the total amount of money that all of the members of your household	2 people in your household	\$46,800
earn in a year, before taxes or deductions	3 people in your household	\$54,000
	4 people in your household	\$64,800
	5 or more people in your household	\$75,600
Household liquid assets Household liquid assets are any assets owned by the members of your household that are money or can readily be converted into money, such as stocks, bonds, RRSPs or GICs that are not locked in.		\$2,600
Household net worth Household net worth is the value of all assets owned by the members of your household, minus the amount of all their debts and other financial liabilities.		\$10,500

For more information about fee waivers and instructions on filling out this form, ask for a guide in your local courthouse or visit <u>www.ontario.ca/courts</u>.



