

FEE WAIVER REQUEST TO COURT
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 litigation guardian or person representing special party)*
.....,

submit the following affidavit, sworn/affirmed the day of, 20

*(Signature of litigation guardian
or person representing special party)*

*(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
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 _____, MAKE OATH AND SAY (or AFFIRM):
I make this affidavit in support of this request for waiver of court and/or enforcement fees.

2. [Select and complete one.]

In this proceeding or case, I am or intend to act as

(a) the litigation guardian of a party under disability who is the (*appellant/respondent/plaintiff/applicant/defendant*) _____, or intends to become a party, **or**

(b) a person representing a special party under the *Family Law Rules*.

OR

I am or intend to act as

(c) the litigation guardian of a party under disability, **or**

(d) a person representing a special party under the *Family Law Rules*,
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: (_____) _____

NOTE: The party under disability or the special party under the *Family Law Rules* is the “requestor” for the purposes of paragraphs 4 to 12 and the exhibits. You should complete paragraphs 4 to 12 and the exhibits with information about the requestor.

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

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

AFFIDAVIT IN SUPPORT OF FEE WAIVER REQUEST
By a Litigation Guardian for a Person Under Disability Or a Person Representing a Special Party

6. 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

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

7. 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+
8. The gross monthly income of the requestor's household, from all sources, is:
- | | | |
|--|--|--|
| <input type="checkbox"/> Under \$1,500 | <input type="checkbox"/> \$1,500-\$2,249 | <input type="checkbox"/> \$2,250-\$2,582 |
| <input type="checkbox"/> \$2,583-\$3,082 | <input type="checkbox"/> \$3,083-\$3,582 | <input type="checkbox"/> \$3,583 or more |
9. The total amount of the requestor's household's liquid assets is less than \$1,500: Yes No
10. The requestor's 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 the requestor's 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 the requestor's position in the case (for example, statement of claim or application; statement of defence, answer).
- OR**
- the order the requestor wishes 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 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.

EXHIBIT "A"

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

Exhibit "A" to the affidavit of

_____, sworn/affirmed this
_____ day of _____, 20 _____.

COMMISSIONER FOR TAKING AFFIDAVITS
(or as may be)

FINANCIAL STATEMENT

1. HOUSEHOLD

Besides the requestor, the following individuals make up the requestor's household:

Name of individual	Relationship	Age

2. ESTIMATED NET MONTHLY HOUSEHOLD INCOME

[Attach copies of documents proving the requestor's 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)	
TOTAL (Estimated net monthly household income)	\$

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>	
TOTAL (Estimated monthly 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
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$

EXHIBIT “B”

Exhibit “B” 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 the requestor’s position in the case (for example, statement of claim or application; statement of defence, answer), or a copy of the order the requestor wishes to enforce or continue enforcing, as appropriate.]