



SUPERIOR COURT OF THE DISTRICT OF COLUMBIA
500 Indiana Avenue, NW, Washington, DC 20001
(202) 879-1010 | www.dccourts.gov

Case Caption: _____ Case Number: _____

APPLICATION TO WAIVE COURT COSTS AND FEES

This application and any financial information provided therein will be treated as confidential except to the court, authorized court personnel, the applicant and persons authorized by the applicant or as ordered by the court.

I, _____ am the: (check one)
 (Your Name)

- | | |
|---|---|
| <input type="checkbox"/> Plaintiff/Petitioner | <input type="checkbox"/> Filer |
| <input type="checkbox"/> Defendant/Respondent | <input type="checkbox"/> Intervenor/Proposed Intervenor |
| <input type="checkbox"/> Guardian | <input type="checkbox"/> Other: _____ |

I respectfully ask that I not be required to pay court fees in this case. I am unable to pay these costs without substantial financial hardship to me or my dependent(s) for the following reason(s):

1. I, or my dependent, receive financial help from one or more of the following programs:
 (check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Child Care Subsidy/Voucher Program | <input type="checkbox"/> Public Housing |
| <input type="checkbox"/> Close Relative Caregiver Pilot Program (CRCP) | <input type="checkbox"/> Qualified Medicare Beneficiary Program (QMB) |
| <input type="checkbox"/> Domiciliary Care for Homeless Veterans (DCHV) | <input type="checkbox"/> Rapid Rehousing Program (RRH) including Flex and CareerMap |
| <input type="checkbox"/> Free and Reduced-priced Meals (FARM) | <input type="checkbox"/> Section 202 Supportive Housing for the Elderly Program |
| <input type="checkbox"/> General Assistance for Children (GAC) | <input type="checkbox"/> Section 811 Housing for Persons with Disabilities Program |
| <input type="checkbox"/> Grandparent Caregivers Program (GCP) | <input type="checkbox"/> Social Security Disability Insurance (SSDI) |
| <input type="checkbox"/> Head Start Program | <input type="checkbox"/> Special Supplemental Nutrition Program for Women, Infants and Children (WIC) |
| <input type="checkbox"/> Health Care for Homeless Veterans (HCHV) | <input type="checkbox"/> Supplemental Nutrition Assistance Program (SNAP) |
| <input type="checkbox"/> Home First Subsidy Program | <input type="checkbox"/> Supplemental Security Income (SSI) |
| <input type="checkbox"/> Homeless Veteran Community Employment Services Program (HVCES) | <input type="checkbox"/> Supportive Services for Veteran Families (SSVF) |
| <input type="checkbox"/> Housing Choice Voucher Program (HCVP) | <input type="checkbox"/> Targeted Affordable Housing (TAH) |
| <input type="checkbox"/> Interim Disability Assistance (IDA) | <input type="checkbox"/> Temporary Assistance for Needy Families (TANF) |
| <input type="checkbox"/> Low Income Home Energy Assistance Program (LIHEAP) | <input type="checkbox"/> U.S. Department of Housing and Urban Affairs – Veterans’ Affairs Supportive Housing (HUD-VASH) Program |
| <input type="checkbox"/> Local Rent Supplement Program (LRSP) | <input type="checkbox"/> Veterans Affairs Supportive Housing |
| <input type="checkbox"/> Medicaid or D.C. HealthCare Alliance | <input type="checkbox"/> Veterans’ Pensions or Pensions to Surviving Spouses and Children |
| <input type="checkbox"/> Permanent Supportive Housing (PSH) | |
| <input type="checkbox"/> Program on Work, Employment, and Responsibility (POWER) | |
| <input type="checkbox"/> Project-Based Section 8 Rental Assistance | |

(If you checked any of the boxes in Question 1 - STOP and do not answer Questions 2 through 9. Go directly to the Declaration section on page 3. If you did not check any of the boxes in Question 1, go to Question 2.)

2. I am represented free of charge by a legal services or other nonprofit organization whose primary purpose is to provide legal services to low-income clients, or by a legal clinic operated by a law school located in the District of Columbia that provides legal services to low-income clients. (See Appendix for a list of organizations and law schools.)

Yes. Name of Organization: _____

(If you answered yes to Question 2 - STOP and do not answer Questions 3 through 9. Instead, go directly to the Declaration section on page 3.)

No (If no, answer Question 3.)

3. I believe that my monthly income after taxes does not exceed 200% of the federal poverty guidelines issued by the U.S. Department of Health and Human Services. (See Appendix).

Yes. My monthly income is \$ _____ and I have _____ people (including me) in my family/house.

(If you answered yes to Question 3 - STOP and do not answer Questions 4 through 9. Go directly to the Declaration section on page 3.)

No (If no, answer Questions 4 through 9.)

4. I am presently:

employed. My annual salary is \$ _____ .

unemployed. The last date I worked was _____ , _____ .
(Month) (Year)

5. The number of people who depend on me for financial support : _____ . Of those, _____ are minor children or elderly.

6. I have a total of \$ _____ in cash, including money in bank accounts.

7. I own the following vehicles, real estate, or other valuable property: (list all items)

8. This is my best estimate of the monthly expenses for me and the people who depend on me for financial support:

Expense	Monthly Amount
Housing (such as rent, mortgage, taxes, insurance):	\$
Utilities (such as gas, electric, water, phone, internet):	\$
Food and household necessities:	\$
Child-related expenses (such as childcare, diapers):	\$
Health (such as medical, prescriptions, dental, vision, insurance):	\$
Transportation (such as vehicle loan, gas, insurance, metro, buses):	\$
Other debt and expenses:	\$
Total Estimated Monthly Expenses:	\$

9. Other circumstances that I want the judge to consider in support of my request are:
(explain any other reasons, such as any child support orders, large monthly expenses, debts, wage or bank account garnishments, or judgments)

DECLARATION

I solemnly swear or affirm under criminal penalties for the making of a false statement, which include 180 days in jail or a \$1,000 fine or both, that I have read this Application and that the factual statements made in it are true to the best of my personal knowledge, information and belief.

 Signature

 Date

 Street Address

 Telephone

 City, State, Zip Code

 Email address

This Application to Waive Court Costs and Fees has been reviewed and approved by:			
Signature	Printed Name	Title	Date



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ORDER

Upon consideration of the Application to Waive Court Costs and Fees filed by _____ it is hereby ordered that the Application is:

GRANTED.¹ Your documents will be filed and a hearing scheduled, if necessary.

GRANTED IN PART, for the following reasons:

DENIED, for the reasons stated on the record in open court and in presence of the applicant or applicant’s counsel, or for the following reasons:

If your application was granted in part or denied, you may request a hearing and present additional evidence to the court for consideration. To request a hearing, you should file a [Notice to Court \(Praecipe\)](#) with the Clerk’s Office. The Court will then schedule the requested hearing within 14 days of your filing.

Date

Judge

¹ Witnesses will be subpoenaed without prepayment of witness fees. If this is a Civil Division case, the clerk will attempt to serve the documents listed in Civil Rule 4(c)(1) by mail pursuant to Civil Rule 54-II(i). Plaintiff/Petitioner is responsible for service and proof of service if the clerk’s efforts are unsuccessful.

Appendix to Application to Waive Cost and Fees

I. Law Schools

American University Washington College of Law
Catholic University of America Columbus School of Law
George Washington University Law School
Georgetown University Law Center
Howard University School of Law
University of the District of Columbia David A. Clarke School of Law

II. Examples of Legal Service Organizations

Advocates for Justice and Education	Legal Counsel for the Elderly
Asian Pacific American Legal Resource Center	Mother's Outreach Network
Ayuda	Neighborhood Legal Services Program
Bread for the City Legal Clinic	Network for Victim Recovery DC
Capital Area Immigrants' Right Coalition	Open City Advocates
Catholic Charities Legal Network of the Archdiocese of Washington	Public Defender Service for the District of Columbia
Central American Resource Center	Quality Trust for Individuals with Disabilities
Children's Law Center	Rising for Justice
Christian Legal Aid of DC	Safe Sisters Circle
DC Bar Pro Bono Center	School Justice Project
DC Kincare Alliance	The Amara Legal Center
DC Volunteer Lawyers' Project	Tzedek DC, Inc
Disability Rights DC at University Legal Services	US Committee for Refugee & Immigrant Children
First Shift Justice Project	Washington Lawyers' Committee for Civil Rights & Urban Affairs
Human Rights First	Washington Legal Clinic for the Homeless
Legal Aid Society of DC	Whitman-Walker Clinic Legal Services Program

III. U.S. Federal Poverty Guidelines²

The secretary of the Department of Health and Human Services establishes the Federal Poverty Guidelines annually. The chart below outlines the Federal Poverty Guideline per household size.

Household Size	2023 Federal Poverty Guideline	Maximum Monthly Income
1	\$14,580	\$2,430
2	\$19,720	\$3,287
3	\$24,860	\$4,143
4	\$30,000	\$5,000
5	\$35,140	\$5,857
6	\$40,280	\$6,713
7	\$45,420	\$7,570
8	\$50,560	\$8,427
9	\$55,700	\$9,283
10	\$60,840	\$10,140

² <https://aspe.hhs.gov/topics/poverty-economic-mobility/poverty-guidelines>