
APPEAL FEE WAIVER REQUEST

Name:

"A" Number:

I, _____, declare under penalty of perjury, pursuant to 28 U.S.C. section 1746, that I am the Applicant/Respondent in the above case and that I am unable to pay the cost of my appeal due to my poverty. I believe that my appeal is valid and I declare that the following responses concerning my financial situation are true and correct to the best of my knowledge:

Assets

Expenses (including dependents)

Wages, Salary \$ _____ /month
Other Income _____ /month
(business, profession,
self-employment, rent
payments, interest, etc.)
Cash _____
Checking or Savings account _____
Property _____
(real-estate, automobile,
stocks, bonds, etc.)
Other Financial Support _____ /month
(public assistance, alimony,
child support, gift, parent,
spouse, other family members, etc.)

Housing \$ _____ /month
(rent, mortgage, etc.)
Food _____ /month
Clothing _____ /month
Utilities _____ /month
(phone, electric, gas,
water, etc.)
Transportation _____ /month
Debts, Liabilities _____ /month
Other _____ /month
(specify)

Signature

Date