

Application for Waiver of Filing Fee and Affidavit

Office of the Claims Commissioner

Claimant

File no.

Inmate # (if applicable)

APPLICATION

I request a waiver of the filing fees in connection with this claim. I believe I am entitled to the relief sought in this claim against the State and, without such a waiver, I will be unable to pursue my claim.

FINANCIAL AFFIDAVIT

1. Are you presently employed? (If an inmate in a state institution, include inmate employment).

Yes No

If the answer is yes, state your salary or wages and give the name and address of your employer.

\$	Per	Employer

If the answer is no, state the date of last employment, the salary or wages and the name and address of your employer. Date of last employment:

\$	Per	Employer

2. Within the last 12 months, have you received any money from the following sources?

Business, professional or self-employment? Yes No

Rental income, royalties, interest or dividends? Yes No

Pensions, annuities or insurance payment? Yes No

Gifts or inheritances? Yes No

Any other sources? Yes No

If the answer to any of the above is "yes", describe the source and amount of money received.

3. Do you have money in a checking or savings account or cash on hand? (If an inmate, include funds in your inmate account). Yes No If "yes", state the total amount \$

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4. Do you own any real estate, stocks, bonds, notes, automobiles or other valuable property? Exclude household furnishings and clothing. Yes No
If "yes" describe the property and state its approximate value.

5. Do you have any outstanding debts? Yes No If "yes" list or describe the debts and amounts owed.

6. Do you have any recurring living expenses for food, clothing or shelter? Yes No
If "yes" list or describe the nature of such expenses and the amounts.

Housing

Food

Heat

Clothing

Electricity

Other

7. Is anyone dependent upon you for support? Yes No If "yes" list the dependents, their ages and relationship to you and the amount you contribute for support.

I understand that a false statement or answer to questions in this affidavit will subject me to penalties for perjury.

I certify that the information in this application and affidavit is true and accurate to the best of my knowledge and that I can, if asked, document all income, expenses, and liabilities listed herein.

Signature

Date

Subscribed and sworn to before me on this _____ day of _____, 20____.

Notary Public, Commissioner of the Superior Court, or other person authorized to administer an oath: