



FINANCIAL ASSISTANCE APPLICATION FORM

Please print clearly and complete all sections. Incomplete applications may delay processing.

1. APPLICANT INFORMATION

Full Name: _____

Phone Number: _____ **Email** _____

2. ASSISTANCE REQUESTED

- ☐ Online Course
- ☐ Divorce
- ☐ Immigration
- ☐ Family Court
- ☐ Estate Planning
- ☐ Civil Matter
- ☐ Other: _____

SPECIAL STATUS (Check all that apply)

You must attach valid proof of status for each item checked.

- ☐ I am a **Senior (65 or older)**
- ☐ I am a **Veteran**
- ☐ I am **Active-Duty Military**
- ☐ I am a **Law Enforcement Officer**

3. QUALIFYING DOCUMENTATION

You must submit **one** of the following:

A. Waiver Document

- ☐ **In Forma Pauperis** or
- ☐ **Court-Signed Proof of Indigence** (must be signed and dated within the past 12 months), or
- ☐ **Signed statement** from court staff or legal professional dated within 12 months, stating financial need.

– OR –

B. Proof of Qualifying Government Aid

(You must provide current documentation. Program names may vary by state.)

- ☐ Food Stamps (SNAP)
- ☐ Temporary Assistance for Needy Families (TANF)
- ☐ Medicaid
- ☐ CHIP (Children's Health Insurance Program)
- ☐ Other government aid

IMPORTANT: The following do *not* qualify alone unless you meet the poverty income guidelines: WIC, LIEAP, SSI, Medicare, Childcare Assistance, Unemployment, Free Lunch Program, Head Start, Housing Assistance, and Cash Aid.

4. HOUSEHOLD INFORMATION

How many people are in your household? _____

Use the table below to check if your income falls below the poverty guideline. Attach income documentation (e.g., pay stubs, benefits letter, etc.) if not submitting court waiver or aid documents.

2025 POVERTY GUIDELINES

Persons in Household	Maximum Annual Income
1	\$15,650
2	\$21,150
3	\$26,650
4	\$32,150
5	\$37,650
6	\$43,150
7	\$48,650
8	\$54,150

For families/households with more than 8 persons, add \$5,500 for each additional person.

OPTIONAL: Tell us about any special financial circumstances you would like us to consider:

5. CERTIFICATION & ACKNOWLEDGMENT

I certify under penalty of perjury that the information and documents I have provided in support of this request for financial assistance are true, complete, and accurate to the best of my knowledge. I understand that this information may be used to support an official fee waiver request to USCIS or other government/state agency.

I understand that knowingly providing false, misleading, or incomplete information may result in denial of services, revocation of any assistance provided, and may also subject me to civil or criminal penalties under applicable laws, including but not limited to penalties for immigration fraud or perjury.

Signature: _____

Date: ____ / ____ / ____

FOR OFFICE USE ONLY – DO NOT WRITE BELOW THIS LINE

Date Application Received: ____ / ____ / ____

Reviewed By: _____

Eligibility Determined By (check all that apply):

- ☐ Income (Based on Federal Poverty Guidelines)
- ☐ Court Waiver / In Forma Pauperis
- ☐ Qualifying Government Aid
- ☐ Special Circumstances

Discount Approved:

- ☐ 100% (Full Waiver)
- ☐ 75% Discount
- ☐ 50% Discount
- ☐ 25% Discount
- ☐ Denied – Reason: _____

Notes:

Staff Signature: _____

Date: ____ / ____ / ____