

Instructions for Fee Waiver Application – Initiation of Proceeding

CPLR § 1101 (d)

Motion for a Fee Waiver

This packet is for applying for a fee waiver at the start of a lawsuit. If you need a fee waiver for a case that has already started, ask for the packet entitled “Instructions for Fee Waiver Application for a Pending Proceeding.” If you are an incarcerated individual, you are required to use a different form until September 1, 2025. Please inquire with the Help Center.

The Waiver is only good for costs and fees charged by the Court. It does not cover costs or fees charged by or for any Marshal, Process Server, Court Reporter, Transcripts that are outside of the Court.

File your application and court papers with the County Clerk in Room 118:

PRINT LEGIBLY in BLACK INK, SINGLE SIDED pages ONLY

- 1- Proposed Order
- 2- Affirmation in Support of Application to Waive Court Fees and Costs
- 3- Summons with Notice/ Summons and Complaint or Order to Show Cause
- 4- Request for Judicial Intervention (RJI)
- 5- Proof of Need - Some examples include:
 - a. Copy of benefit award letter/ budget letter
 - b. Paystub
 - c. Most current tax forms
 - d. Proof of Unemployment benefits
 - e. Affidavit or Affirmation explaining reason for unemployment with a corroborating Affidavit or Affirmation from any 3rd party who provides you with financial assistance
- 6- Self-Addressed Stamped Envelope (Optional – For your notification)

NOTE:

If your request is denied, you must pay the filing fee within 120 days of the date of the Order or your case will be dismissed.

The reviewing judge may request additional information while considering this application.

If your request is granted and you are successful in recovering a monetary sum by judgment or settlement in this proceeding, the funds will be deposited with the Clerk of Court until there is a distribution order (CPLR § 1103). Any fees or portion of fees waived in this proceeding may be deducted from those funds at that time (CPLR § 1102 [d]).

SUPREME COURT OF THE STATE OF NEW YORK
COUNTY OF BRONX, PART _____

-----X

_____,
Index No.
Plaintiff(s)/Petitioner(s)

_____ / 20_____

- against -

AFFIRMATION IN SUPPORT OF
APPLICATION TO PROCEED AS
A POOR PERSON AT INITIATION OF
AN ACTION PURSUANT TO
CPLR § 1101 (d)

Defendant(s)/Respondent(s)

-----X

STATE OF NEW YORK

COUNTY OF _____

I, _____ [your name], affirm the following:

(1) I am at least eighteen (18) years old.

(2) I reside at _____

(3) I submit this affirmation in support of my request pursuant to CPLR § 1101 for an Order

(a) Waving any and all court filing fees for this case including, but not limited to, the
index number fee, filing fees, service fees, and costs; and

(b) To proceed in this case as a poor person.

(4) I intend to commence an action against _____

for _____ on the grounds that:

I believe I have a meritorious claim because: _____

_____ and I have attached a copy of my proposed pleadings to this application.

(5) I do not have and I am not able to obtain the costs, fees, and expenses necessary to assert my
rights in this case. If this Order is not granted, I will not be able to proceed.

(6) In addition to myself, I support _____ other people in my household. Of these people _____
are minor children and _____ have no income of their own.

(7) My monthly household source and amount of income is as follows and I have attached proof to this application [fill in those that apply]:

<input type="checkbox"/> Employment	\$ _____	<input type="checkbox"/> Other	_____ \$ _____
<input type="checkbox"/> Public Assistance	\$ _____	<input type="checkbox"/> Other	_____ \$ _____
<input type="checkbox"/> Spousal Support	\$ _____	<input type="checkbox"/> Other	_____ \$ _____
<input type="checkbox"/> Pension	\$ _____	<input type="checkbox"/> Other	_____ \$ _____
<input type="checkbox"/> Social Security/SSI/SSID	\$ _____	Total: \$ _____	

(8) My bank account information is as follows:

- I do not have a bank account.
- I have a checking account with approximately \$ _____ in the account.
- I have a savings account with approximately \$ _____ in the account.
- Other (describe and include approximate monetary value)

(9) My real and personal property information is as follows:

- I have no real property (real estate ownership).
- I own real property with the approximate market value as follows:

My personal property (automobile, jewelry, other belongings) is valued at approximately \$ _____ and includes:

(10) I have no other savings, property, or assets.

(11) I am responsible for payment of the following debts / ongoing expenses:

<input type="checkbox"/> Rent/ Mortgage	\$ _____	<input type="checkbox"/> Utilities	\$ _____
<input type="checkbox"/> Spousal/Child Support	\$ _____		
<input type="checkbox"/> Other _____		\$ _____	
<input type="checkbox"/> Other _____		\$ _____	
		Total: \$ _____	

(12) I know of no other persons who are beneficially interested in the recovery sought who are able to pay the costs, fees, and expenses required to pursue this matter.

(13) Prior Applications (check one and fill in as appropriate):

I have made no prior application for this relief.

I have made _____ [enter number] prior applications for the same relief in this or any other Court. I am seeking relief again because [explain the results of those applications and why this application is different]

WHEREFORE, I respectfully request that this motion be granted and that I receive such other and further relief as may be just and proper.

Affirmed this _____ day of _____, 20____ under the penalties of perjury under the laws of New York, which may include a fine or imprisonment, that the foregoing is true, and I understand that this document may be filed in an action or proceeding in a court of law.

[Affirmant's signature]



Order – Application to Waive Court Costs, Fees and Expenses

UCS-FWO1(01/2025)

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nycourthelp.gov

_____ Court

County of

Present: Hon. _____

In the matter of:

Plaintiff/Petitioner (party bringing case) or **Subject of Proceeding**
-against-

Defendant/Respondent (opposing party; if none, leave blank)

Index/File Number:

The court has read the attached application to waive court costs, fees, and expenses filed on _____ alleging that:

1. Applicant is unable to pay the court costs, fees, and expenses required to prosecute or defend the case or to maintain or respond to an appeal
2. There is no other person beneficially interested in the case
3. Applicant has a good cause of action or claim

and it is **ORDERED**, that the application is (check one):

- GRANTED**, and the clerk of the court shall not charge the applicant for court costs, fees, or expenses in this case, including one certified copy of the judgment. Any recovery by judgment or settlement in favor of the applicant must be paid to the clerk of the court and await a court order for distribution.
- GRANTED TO THE EXTENT** that the court costs, fees, and expenses related to this case are (check one):
 - waived only with respect to (check one):
 - the court filing fee for a Notice of Appeal
 - other (specify): _____
 - deferred until (check one):
 - _____
 - an inventory of assets is filed under Uniform Rules for the Surrogate's Court 207.20
 - a proposed decree or order is submitted

NOTE: If, by settlement or any other means, the applicant receives assets of more than \$_____, the court costs, fees, and expenses must be paid from the applicant's share of the estate before the proposed decree or order is signed.

- **DENIED**, and all applicable court costs, fees, and expenses must be paid by _____ (120 days from the date of this order) as required by section 1101 of the civil practice law rules. If not paid by such date, the case will be dismissed without further order of the court, and the clerk of the court shall close the file without further judicial action.
- **DECLINED** at this time because case papers are missing or need correction. If the following missing/corrected papers are filed with the court by _____, the court will reconsider the fee waiver application:

If the missing/corrected papers ARE NOT filed with the court by _____, the fee waiver application will be denied without further court order, and all applicable court costs, fees, and expenses must be paid by _____ (120 days from the date the fee waiver application is denied) as required by section 1101 of the civil practice law rules. If not paid by _____ (120 days from the date the fee waiver application is denied), the case will be dismissed without further court order, and the clerk of the court will close the file without further judicial action.

NOTE: The case cannot proceed unless the above missing/corrected papers are filed with the court. Therefore, even if the court costs, fees, and expenses are paid, the case will be stricken from the court’s calendar if the missing/corrected papers are not filed, and if the case is not restored within 1 year, it will be deemed abandoned and dismissed without costs under section 3404 of the civil practice law and rules.

Date: _____

Judge Signature



REQUEST FOR JUDICIAL INTERVENTION

UCS-840
(rev. 12/16/2024)

_____ COURT, COUNTY OF _____
Index No: _____ Date Index Issued: ____/____/____

CAPTION Enter the complete case caption. Do not use et al or et ano. If more space is needed, attach a caption rider sheet.	For Court Use Only:
	IAS Entry Date
Plaintiff(s)/Petitioner(s)	Judge Assigned
-against- Defendant(s)/Respondent(s)	RJ Filed Date

NATURE OF ACTION OR PROCEEDING Check only one box and specify where indicated.

<p>COMMERCIAL</p> <input type="checkbox"/> Business Entity (includes corporations, partnerships, LLCs, LLPs, etc.) <input type="checkbox"/> Contract <input type="checkbox"/> Insurance (where insurance company is a party, except arbitration) <input type="checkbox"/> UCC (includes sales and negotiable instruments) <input type="checkbox"/> Other Commercial (specify): _____ NOTE: For Commercial Division assignment requests pursuant to 22 NYCRR 202.70(d), complete and attach the COMMERCIAL DIVISION RJ ADDENDUM (UCS-840C).	<p>MATRIMONIAL</p> <input type="checkbox"/> Contested NOTE: If there are children under the age of 18, complete and attach the MATRIMONIAL RJ ADDENDUM (UCS-840M). <i>For Uncontested Matrimonial actions, use the Uncontested Divorce RJ (UD-13).</i>
<p>TORTS</p> <input type="checkbox"/> Asbestos <input type="checkbox"/> Environmental (specify): _____ <input type="checkbox"/> Medical, Dental or Podiatric Malpractice <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Products Liability (specify): _____ <input type="checkbox"/> Other Negligence (specify): _____ <input type="checkbox"/> Other Professional Malpractice (specify): _____ <input type="checkbox"/> Other Tort (specify): _____	<p>REAL PROPERTY Specify how many properties the application includes: _____</p> <input type="checkbox"/> Condemnation <input type="checkbox"/> Mortgage Foreclosure (specify): <input type="checkbox"/> Residential <input type="checkbox"/> Commercial Property Address: _____ NOTE: For Mortgage Foreclosure actions involving a one to four-family, owner-occupied residential property or owner-occupied condominium, complete and attach the FORECLOSURE RJ ADDENDUM (UCS-840F). <input type="checkbox"/> Partition NOTE: Complete and attach the PARTITION RJ ADDENDUM (UCS-840P). <input type="checkbox"/> Tax Certiorari (specify): Section: _____ Block: _____ Lot: _____ <input type="checkbox"/> Tax Foreclosure <input type="checkbox"/> Other Real Property (specify): _____
<p>SPECIAL PROCEEDINGS</p> <input type="checkbox"/> Child-Parent Security Act (specify): <input type="checkbox"/> Assisted Reproduction <input type="checkbox"/> Surrogacy Agreement <input type="checkbox"/> CPLR Article 75 – Arbitration [see NOTE in COMMERCIAL section] <input type="checkbox"/> CPLR Article 78 – Proceeding against a Body or Officer <input type="checkbox"/> Election Law <input type="checkbox"/> Extreme Risk Protection Order <input type="checkbox"/> MHL Article 9.60 – Kendra’s Law <input type="checkbox"/> MHL Article 10 – Sex Offender Confinement (specify): <input type="checkbox"/> Initial <input type="checkbox"/> Review <input type="checkbox"/> MHL Article 81 (Guardianship) <input type="checkbox"/> Other Mental Hygiene (specify): _____ <input type="checkbox"/> Other Special Proceeding (specify): _____	<p>OTHER MATTERS</p> <input type="checkbox"/> Certificate of Incorporation/Dissolution [see NOTE in COMMERCIAL section] <input type="checkbox"/> Emergency Medical Treatment <input type="checkbox"/> Habeas Corpus <input type="checkbox"/> Local Court Appeal <input type="checkbox"/> Mechanic’s Lien <input type="checkbox"/> Name Change/Sex Designation Change <input type="checkbox"/> Pistol Permit Revocation Hearing <input type="checkbox"/> Sale or Finance of Religious/Not-for-Profit Property <input type="checkbox"/> Other (specify): _____

STATUS OF ACTION OR PROCEEDING Answer YES or NO for every question and enter additional information where indicated.

	YES	NO	
Has a summons and complaint or summons with notice been filed?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, date filed: ____/____/____
Has a summons and complaint or summons with notice been served?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, date served: ____/____/____
Is this action/proceeding being filed post-judgment?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, judgment date: ____/____/____

NATURE OF JUDICIAL INTERVENTION Check one box only and enter additional information where indicated.

<input type="checkbox"/> Infant’s Compromise		
<input type="checkbox"/> Extreme Risk Protection Order Application		
<input type="checkbox"/> Note of Issue/Certificate of Readiness		
<input type="checkbox"/> Notice of Medical, Dental or Podiatric Malpractice	Date Issue Joined: ____/____/____	
<input type="checkbox"/> Notice of Motion	Relief Requested: _____	Return Date: ____/____/____
<input type="checkbox"/> Notice of Petition	Relief Requested: _____	Return Date: ____/____/____
<input type="checkbox"/> Order to Show Cause	Relief Requested: _____	Return Date: ____/____/____
<input type="checkbox"/> Other Ex Parte Application	Relief Requested: _____	
<input type="checkbox"/> Partition Settlement Conference		
<input type="checkbox"/> Request for Preliminary Conference		
<input type="checkbox"/> Residential Mortgage Foreclosure Settlement Conference		
<input type="checkbox"/> Waiver of Court Costs, Fees, and Expenses		
<input type="checkbox"/> Writ of Habeas Corpus		
<input type="checkbox"/> Other (specify): _____		

