

Commonwealth of Puerto Rico

GENERAL COURT OF JUSTICE

☐ Supreme Court ☐ Court of Appeals

Court of First Instance, ☐ Superior ☐ Municipal Court of \_\_\_\_\_

☐ Plaintiff ☐ Petitioner

☐ Appellant ☐ Other: \_\_\_\_\_

v.

☐ Defendant ☐ Respondent

☐ Other: \_\_\_\_\_

Case No. \_\_\_\_\_

RE: \_\_\_\_\_

APPLICATION AND DECLARATION FOR WAIVER OF FEES DUE TO INDIGENCY

To the Honorable Court:

Comes Now \_\_\_\_\_ ,

*First and Last Names*

- ☐ the applicant,
- ☐ the applicant’s representative,
- ☐ the underage or incapacitated applicant, represented by a parent, legal guardian, or person with custody,

pro se, and respectfully states, alleges, and prays:

1. The applicant in unable to pay the fees for this proceeding, as required by law.
2. I am convinced that the claim has merit.
3. In support of this application, I declare under penalty of perjury that the answers to the following questions are true.

INSTRUCTIONS: Complete all the questions in this form and sign it. Do not leave any questions unanswered. If the answer is “0,” “none,” or “not applicable,” write that as your response. If you need more space to answer a question attach a separate sheet of paper identified with your name, the parties to the action, the case number, and the question number.

A. INFORMATION OF THE PERSON FOR WHOM THE FEE WAIVER IS REQUESTED:

NameInitialFirst Last NameSecond Last Name

Date of Birth (day/month/year): \_\_\_\_\_Age: \_\_\_\_\_

Sex: ☐ Male ☐ Female ☐ Intersex ☐ Other/Nonbinary: \_\_\_\_\_  
☐ I rather not answer

Marital Status: ☐ Married ☐ Single ☐ Domestic Partnership

Can you read? ☐ Yes ☐ NoCan you write? ☐ Yes ☐ No

Highest Degree Completed: \_\_\_\_\_  

☐ Elementary School☐ Middle School☐ High School☐ Master’s

☐ Technical Degree☐ Bachelor’sGraduate☐ Doctorate

Professional or Vocational Training: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Is the physical address the same as the mailing address? ☐ Yes ☐ No (Please provide the mailing address): \_\_\_\_\_

Email: \_\_\_\_\_

Mobile Phone: ( \_\_\_\_\_ ) \_\_\_\_\_Home Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

Case No. \_\_\_\_\_

Is the person incarcerated? ☐ Yes ☐ No  
If so, provide the name of the institution: \_\_\_\_\_

Is the person admitted to a psychiatric hospital or prison psychiatric facility, ward, or unit?  
☐ Yes ☐ No  
If so, provide the name of the institution: \_\_\_\_\_

Has the person been declared incompetent by a court? ☐ Yes ☐ No  
If so, provide the date of the declaration of incapacity, the court that issued the decree, and the case number: \_\_\_\_\_

**B. EMPLOYMENT AND FINANCIAL INFORMATION OF THE PERSON FOR WHOM THE FEE WAIVER IS REQUESTED, THEIR SPOUSE OR PARTNER, OR PARENTS, GUARDIANS, OR PERSON WITH CUSTODY, IN THE CASE OF A MINOR: (Specify each source of income and attach evidence of what is reported, such as pay stubs, employment verification, cheques, bank statements, income tax returns, certifications issued by the Municipal Revenue Collection Center (CRIM), certifications issued by the Child Support Administration (ASUME), contracts, among others).**

Are you employed? ☐ Yes ☐ No  
If so, provide the following information:  
Occupation: \_\_\_\_\_  
Name of Employer: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: ( \_\_\_\_\_ ) \_\_\_\_\_ Ext. \_\_\_\_\_  
Wages: \$ \_\_\_\_\_ ☐ weekly ☐ biweekly ☐ every fifteen days ☐ monthly  
Are you on unpaid leave? ☐ Yes ☐ No  
If so, provide the term and type of leave: \_\_\_\_\_

If unemployed, provide the date when you became unemployed (day/month/year): \_\_\_\_\_

Provide you employment experience during the past three (3) years (include the name and address of your employer, date of employment, position and monthly wages earned):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Is your spouse or partner employed? ☐ Yes ☐ No  
If so, provide the following information:  
Occupation: \_\_\_\_\_  
Name of Employer: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: ( \_\_\_\_\_ ) \_\_\_\_\_ Ext. \_\_\_\_\_  
Wages: \_\_\_\_\_ ☐ weekly ☐ biweekly ☐ every fifteen days ☐ monthly  
Is your spouse or partner on unpaid leave? ☐ Yes ☐ No  
If so, provide the term of the leave: \_\_\_\_\_

If your spouse or partner unemployed, provide the date when they became unemployed (day/month/year), the name, place, position, and monthly wages earned at their last employment:

\_\_\_\_\_

\_\_\_\_\_

Case No. \_\_\_\_\_

Specify the monthly income received:

☐ Applicant's gross monthly income for employment, business, or self-employment

\$

☐ Spouse/Partner's gross monthly income for employment, business, or self-employment

☐ Other monthly income received by the applicant or spouse/partner (*such as tips, commissions, interest, dividends, rental income, bonds, stipends, or other earnings. Specify the source and amount of each income*).

Total Income:

\$

Other Sources of Family Income:

	<i>Applicant's</i>	<i>Spouse or Partner</i>
<input type="checkbox"/> Unemployment Payments	\$	\$
<input type="checkbox"/> Financial Aid		
<input type="checkbox"/> Nutritional Assistance Program		
<input type="checkbox"/> Temporary Assistance for Needy Families (TANF)		
<input type="checkbox"/> Benefits for Veterans in Poverty		
<input type="checkbox"/> Pensions		
<input type="checkbox"/> Social Security		
<input type="checkbox"/> Veterans Affairs Pension		
<input type="checkbox"/> State Insurance Fund/Worker's		
<input type="checkbox"/> Retirement Plans		
<input type="checkbox"/> Federal Government		
<input type="checkbox"/> Other Pensions (specify each)		
Total Income of Other Sources: \$		

Has the applicant or their spouse or partner received money in the past twelve (12) months from any of the following sources? If so, provide the amounts received below:

		<i>Applicant</i>	<i>Spouse or Partner</i>
Retirement or disability payments, annuities, or life insurance	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$
Income from real estate property (such as proceeds from a sale or rental income)	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Income from the sale of personal property (such as vehicles or watercraft)	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Interest or Dividends	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Inheritance, donations, or gifts	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Spousal Support	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Child Support	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Support of Relatives	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Prizes from Casinos, Lotteries, Horse Races, or Other Gambling Winnings	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Grants or Scholarships	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Other Sources of Income (explain):	<input type="checkbox"/> Yes <input type="checkbox"/> No		

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Are you expecting any significant changes in your monthly income during the next twelve (12) months? ☐ Yes ☐ No

If so, explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you receive any of the following benefits?

- ☐ Government Health Plan  
☐ Government subsidies for utility payments (e.g., water, electricity, telephone)

Do you file income tax returns? ☐ Yes ☐ No

If so, what was the last year you filed a tax return? \_\_\_\_\_

Have you filed for bankruptcy with the United States Bankruptcy Court? ☐ Yes ☐ No

If so, provide the following:

Case Number: \_\_\_\_\_ Filing Date: \_\_\_\_\_

Stage of the Proceedings: \_\_\_\_\_

Provide the amount of the payment plan authorized by the court, if applicable:

\$ \_\_\_\_\_

Information of dependents who do not live in the same household as the person for whom this application is filed:

<i>First and Last Names</i>	<i>Age</i>	<i>Relation</i>	<i>Required to Pay Child Support?</i>	<i>Monthly Payment</i>
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	

Is there child support debt? ☐ Yes ☐ No

If so, provide the name and amount for each obligee (the beneficiary of the child support payments):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

C. INFORMATION ON ASSETS OF THE PERSON FOR WHOM THE FEE WAIVER IS REQUESTED, THEIR SPOUSE OR PARTNER, OR PARENTS, GUARDIANS, OR PERSON WITH CUSTODY, IN THE CASE OF A MINOR: *(Attach evidence of what is reported, such as deeds, property titles, contracts, certifications issued by the Municipal Revenue Collection Center (CRIM), motor vehicle licenses, bank statements, among others).*

Does the applicant or their spouse or partner own the property where they live?

☐ Yes ☐ No

If so, provide the following:

Address for the Property: \_\_\_\_\_

Description of the Property: \_\_\_\_\_

Approximate value: \$ \_\_\_\_\_

Lot Size: \_\_\_\_\_

If there is a mortgage on the property, provide the amount owed: \_\_\_\_\_

Is there a mortgage foreclosure proceeding pending against the applicant? ☐ Yes ☐ No

Has the case been referred to mediation? ☐ Yes ☐ No

Does the applicant or their spouse or partner own any other real estate property (such as, houses, apartments, or plots of land)? ☐ Yes ☐ No

Case No.

If so, provide the following for each real estate property:

Address for the Property:

Description of the Property:

Approximate value: \$

Lot Size:

If there is a mortgage on the property, provide the amount owed:

Address for the Property:

Description of the Property:

Approximate value: \$

Lot Size: \_\_\_\_\_

If there is a mortgage on the property, provide the amount owed:

Indicate whether the applicant or their spouse or partner own other assets, including jewelry, stock, financial instruments, bonds, or any other item of value:

<i>Description</i>	<i>Approximate Value</i>
	\$

Indicate all motor vehicles or watercraft (such as, cars, trucks, motorcycles, trailers, four tracks, or any other land vehicle; ferries, launches, boats, or jet skis) belonging to the applicant or any member of the household:

[illegible]

Indicate cash money the applicant or their spouse or partner has:

\$

Indicate the amount of money the applicant or their spouse or partner may have in bank accounts:

[illegible]

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Does the applicant or their spouse or partner have IRA accounts or pension plans?

☐ Yes ☐ No

If so, provide the name of the entity and the amount: \_\_\_\_\_

List any natural person, legal entity, business, or organization owing the applicant or their spouse or partner money:

<i>Name</i>	<i>Amount Owed</i>
	\$

If the applicant is incarcerated, provide a certified copy of the applicant's account statement that shows their activity for the last six (6) months prior to the commencement of the case for which fees are to be waived, issued by a correctional institution official. Also indicate the amount indicated in the account statement:

\$ \_\_\_\_\_.

D. MEMBERS OF THE HOUSEHOLD OF THE PERSON FOR WHOM THE FEE WAIVER IS REQUESTED:  
(Specify each source of income and attach evidence of what is reported, such as pay stubs, cheques, bank statements, income tax returns, among others).

Information of the individuals who live in the household (do not include information for the applicant or their spouse or partner):

<i>First and Last Names</i>	<i>Relation</i>	<i>Age</i>	<i>Dependent</i>	<i>Income Source</i>	<i>Gross Monthly Income</i>
			<input type="checkbox"/> Yes <input type="checkbox"/> No		\$
			<input type="checkbox"/> Yes <input type="checkbox"/> No		
			<input type="checkbox"/> Yes <input type="checkbox"/> No		
			<input type="checkbox"/> Yes <input type="checkbox"/> No		
			<input type="checkbox"/> Yes <input type="checkbox"/> No		

E. INFORMATION ON MONTHLY EXPENSES AND FINANCIAL OBLIGATIONS: *(Attach evidence of the expenses reported, such as contracts, payment book, canceled cheques, bank statements, invoices, payment receipts, among others).*

State all monthly expenses:

- ☐ Food
- ☐ Clothing
- ☐ Water
- ☐ Electricity
- ☐ Telephone
- ☐ Transportation
- ☐ Mortgage or rent on principal residence
- ☐ Health insurance
- ☐ Medical expenses
- ☐ Other (describe):

\$

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Total Expenses: \$

Case No. \_\_\_\_\_

Indicate all your monthly debts and obligations (such as, credit cards, personal loans, commercial loans, car loans or leases, lines of credit or financing):

<i>Name of Creditor or Financial Institution</i>	<i>Balance Owed</i>	<i>Monthly Payment</i>
	\$	\$
Total Monthly Payments: \$		

Are you expecting any significant changes in your monthly expenses or obligations during the next twelve (12) months? ☐ Yes ☐ No

If so, explain: \_\_\_\_\_  
\_\_\_\_\_

F. INFORMATION OF PRIOR LITIGATION: *(Fill out this information only if this application is to request a fee waiver to file a petition with the Supreme Court or the Court of Appeals).*

Did you proceed as an indigent party before the Court of First Instance, the Court of Appeals, or and administrative agency? ☐ Yes ☐ No

I was represented in the ☐ Court of First Instance ☐ Court of Appeals ☐ administrative agency by:

- ☐ Court-appointed attorney
- ☐ Private attorney
- ☐ Legal Aid Society
- ☐ Other: \_\_\_\_\_

G. ATTACHMENTS

☐ \_\_\_\_\_ documents are attached to this application in support of the information provided  
*(amount)*  
in sections B, C, D, and E of this form.

H. CONTACT INFORMATION OF THE APPLICANT, IF THE FEE WAIVER IS FOR ANOTHER PERSON:

Name: \_\_\_\_\_

Relation to the Applicant: \_\_\_\_\_

Physical Address: \_\_\_\_\_  
\_\_\_\_\_

Email: \_\_\_\_\_

Telephone: ( \_\_\_\_\_ ) \_\_\_\_\_

Do you know a contact or relative who may provide additional information on the person for whom the fee waiver is requested? ☐ Yes ☐ No

If so, provide the following information:

Name: \_\_\_\_\_

Relation: \_\_\_\_\_

Physical Address: \_\_\_\_\_  
\_\_\_\_\_

Email: \_\_\_\_\_

Telephone: ( \_\_\_\_\_ ) \_\_\_\_\_

Wherefore, we respectfully pray that this Honorable Court, after taking the appropriate actions in law, render judgment accordingly.

Case No. \_\_\_\_\_

I. DECLARATION OF APPLICANT OR REPRESENTATIVE:

By signing this application, I certify under penalty of perjury, that the information presented in this document is true to the best of my personal knowledge and belief and attest to the truth and correctness of what is expressed herein.

Respectfully submitted.

In \_\_\_\_\_, Puerto Rico, \_\_\_\_\_ day of \_\_\_\_\_.

*City day month year*

I certify that I will send on this day a copy of this application to the opposing party or counsel for the opposing party ☐ by email with receipt confirmation ☐ by regular mail ☐ personally ☐ other (specify): \_\_\_\_\_

_____ <i>Applicant's Name</i>	_____ <i>Applicant's Signature</i>
Applicant's Mailing Address: _____ _____ _____	Opposing Party's Mailing Address: _____ _____ _____
Physical Address (if different from mailing address): _____ _____ _____	Physical Address (if different from mailing address): _____ _____ _____
Telephone: ( _____ ) _____ Email: _____	Telephone: ( _____ ) _____ Email: _____