

Eligibility Category:

Public Benefits Financial

Hardship

Meets Federal Poverty Guidelines

LEGAL ADVOCACY PROJECT
Fee Waiver Worksheet

File Name: _____ Client File: _____

Please provide the following information for your dependents.

Name	Date of Birth	Public Benefit Recipient?	Date of Award
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____

Please total monetary amount of public benefits that are currently received:

_____ Food Stamps _____ SSI/SSD _____ CashAid _____ Emergency Medical/Medicaid

Are you currently employed __ yes __ no

If no, do you receive unemployment benefits _____ How long? _____

Employment Information:

Please provide the name/location of your employer _____

How long have you worked for your employer? _____ Gross monthly income. \$ _____

Your annual income: \$ _____ **Spouse's annual income:** \$ _____

Does anyone else in the household help pay for household expenses? (food, utilities, rent) _____

Who and how much do they contribute?

Please list all assets: (property, bank accounts, cash on hand)

1. Item: _____ Total: \$ _____ 2. Item: _____ Total \$ _____
3. Item: _____ Total: \$ _____ 4. Item: _____ Total: \$ _____
5. Item: _____ Total: \$ _____ 6. Item: _____ Total: \$ _____

Provide a list of any documents showing that you have a disability or a health problem.

Please list your average monthly cost for the following expenses:

- ____ Transportation costs ____ Rent ____ Food
____ Child Care ____ Electric ____ Gas
____ School Costs ____ Total Monthly Payments ____ Internet/Cable
____ Misc. Bills ____ Insurance ____ Medical
____ Loan/s ____ Cell Phone Bill ____ **Total Expenses**

Monthly Payments and debts not listed above

Paid to	For	Amount	Balance	Date of Last Payment
		\$		
		\$		
		\$		
		\$		

Are there any additional expenses for the children in this case? (child care for work or job training, health care not covered by insurance, educational or other special needs)

For use with Property Declaration:

Items Acquired	During Marriage		Before Marriage		After Separation	
Student Loans:	Self	Spouse	Self	Spouse	Self	Spouse
Credit Cards:	Self	Spouse	Self	Spouse	Self	Spouse
Unpaid Taxes:	Self	Spouse	Self	Spouse	Self	Spouse
Medical & Dental Bills:	Self	Spouse	Self	Spouse	Self	Spouse
Debt Owed on Cars:	Self	Spouse	Self	Spouse	Self	Spouse
Mortgages:	Self	Spouse	Self	Spouse	Self	Spouse
Any Other Bills or Debts:	Self	Spouse	Self	Spouse	Self	Spouse