FEE WAIVER REQUEST TO REGISTRAR, CLERK OR SHERIFF

**BY A LITIGATION GUARDIAN FOR A PERSON UNDER DISABILITY**

**OR A PERSON REPRESENTING A SPECIAL PARTY**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Before you begin** | | | | | |
| * Be sure that you have the right form. You must use a different form if you’re making a request to the court, or if you’re **not** filling out this form as a litigation guardian or a person representing a special party. If you’re not sure what this means, you should speak with a lawyer before filling out this form. * The person you are representing will be referred to in this form as the “**requestor**.” * Read through the form and make sure you have the documents you’ll need to attach to prove the requestor’s income (see financial information on page 2). * For more information about fee waivers and instructions on filling out this form, ask for a guide in your local courthouse or visit [www.ontario.ca/page/have-your-court-fees-waived](http://www.ontario.ca/page/have-your-court-fees-waived). | | | | | |
|  | | | | | |
| **Your personal information** | | | | | |
| Full legal name | | | City or town | | Province |
| Phone number  (   ) | | | Mailing address | | |
| Email address | | |
|  | | | | | |
| **Case Information** | | | | | |
| Title of proceeding or name of case | | | | | |
| Court file or claim number | | | Court/office location | | |
| Where is this fee waiver request being made? | | | | | |
| Court of Appeal | | Divisional Court | | Superior Court of Justice | |
| Family Court | | Small Claims Court | | Ontario Court of Justice | |
| Enforcement Office | |  | |  | |
| **NOTE:** | **The party under disability or the special party under the *Family Law Rules* is the “requestor” for the purposes of paragraphs 4 to 14 and the exhibits. You should complete paragraphs 4 to 14 and the exhibits with information about the requestor.** | | | | |
| Will the requestor or any of their witnesses need a court interpreter for a language other than English, French or a visual language? | | | | | |
| Yes (check any that apply)  For myself  For any witnesses | | No | | | |
|  | | | | | |
| **Eligibility** | | | | | |
| Are the requestor’s court or enforcement fees being paid by a lawyer under a contingency fee agreement?  *In a contingency fee agreement, you and your lawyer would have agreed that you will only pay if the case is successful.* | | | | | |
| Yes | | No | | | |
| ***→*** *If you answered* ***yes*** *to this question, the requestor is not eligible for a fee waiver and you should not complete the rest of this form.* | | | | | |
| Has Legal Aid Ontario approved an application for the requestor to receive legal aid services in this case? | | | | | |
| Yes | | No | | | |
| ***→*** *If you answered* ***yes*** *to this question, you are eligible for a fee waiver. Skip to the* ***Swearing or Affirming this Document*** *section below.* | | | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Is the requestor’s main source of household income from one or more of the following?   * Income assistance from [Ontario Works](http://www.mcss.gov.on.ca/en/mcss/programs/social/ow/) * Income support from the [Ontario Disability Support Program](http://www.mcss.gov.on.ca/en/mcss/programs/social/odsp/) * [Old Age Security Pension](http://www.esdc.gc.ca/en/cpp/oas/index.page) and the [Guaranteed Income Supplement](http://www.esdc.gc.ca/en/cpp/oas/gis/index.page) * [War Veterans Allowance](http://www.veterans.gc.ca/eng/services/financial/war-veterans-allowance) * [Canada Pension Plan](http://www.esdc.gc.ca/en/cpp/index.page) benefits | | | | |
| Yes | | No | | |
| ***→*** *If you answered* ***yes*** *to this question, skip to the* **Financial information** *section below.* | | | | |
| How many people are in the requestor’s household, including the requestor, their spouse, and any dependent children? | | | | |
| 1 | 2 | 3 | 4 | 5 or more |
| What is the requestor’s gross annual household income?  *This is the total amount of money that all of the members in the requestor’s* *household make in a year, before taxes or deductions.*   |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | |  | The requestor’s income | | The requestor’s spouse’s income | | | Other household members’ income | | | **Estimated gross annual income** (for each person) | $ |  | | $ |  | $ |  | | **Total** (estimated gross annual household income) | $ |  | |  | | | | | | | | |
|  | | | | |
| Is the total amount of the requestor’s household’s liquid assets less than $2,800?  *This is the total amount of liquid assets owned by members of the requestor’s household that are money or can easily be converted into money, such as stocks, bonds, RRSPs that are not locked in, or GICs.* | | | | |
| Yes | | No | | |
| Is the requestor’s household’s net worth less than $11,100?  *This is the value of all assets owned by the members of the requestor’s household, minus the amount of all their debts and other financial liabilities.* | | | | |
| Yes | | No | | |
|  | | | | |
| **Financial information** | | | | |
| Attach one of the following proof of income documents for each of the requestor and their spouse. Indicate below which you have provided.  If the requestor and their spouse are currently living apart and no longer in a relationship, you do not have to provide information and documents for their spouse.   |  |  |  | | --- | --- | --- | | **Requestor** | **Spouse** |  | |  |  | income tax return or notice of assessment for the most recent tax year | |  |  | most recent statement of earnings from the requestor’s/requestor’s spouse’s employer or their three most recent pay stubs | |  |  | most recent statement of income showing income from employment insurance, social assistance, a pension, workers compensation or disability payments | | | | | |
| **OR** | | | | |
| **If you aren’t able to provide the court with the requestor’s proof of income documents,** please explain why and fill out the table below.   |  | | --- | |  | |  | | | | | |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Fill out the table below, estimating the gross amount of annual income that the requestor and their spouse received in the last year from each of the listed sources.  If the requestor and their spouse are currently living apart and no longer in a relationship, you do not have to provide information for their spouse.   |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | |  |  | The requestor’s income | | The requestor’s spouse’s income | | Other household members’ income | | |  | Employment | $ |  | $ |  | $ |  | |  | Pension | $ |  | $ |  | $ |  | |  | Dividends | $ |  | $ |  | $ |  | |  | Interest | $ |  | $ |  | $ |  | |  | Support received (child and spousal) | $ |  | $ |  | $ |  | |  | Other (*please specify*): | $ |  | $ |  | $ |  | |  | **Estimated gross annual income** (for each person) | $ |  | $ |  | $ |  | |  | **Total** (estimated gross annual household income) | $ |  |  | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| **Swearing or affirming this document** | | | | | | | | | | | | |
| Before you can finish this fee waiver application, you have to swear or affirm that the information you’ve provided is accurate. You can get your form sworn or affirmed at the court or enforcement office at no cost. You can also have your form sworn or affirmed by a notary public or someone else who is authorized to commission documents. **That person will fill out this section.**  **It is an offence under the *Criminal Code* to knowingly swear a false affidavit.** | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| I that this information is accurate to the best of my knowledge and belief. I agree to provide financial information and records, if requested, to confirm the information in this form.  BEFORE ME | | | | | | | | | | | | |
|  | at | |  | | | *(city or town)* on | |  | *(date).* | | | |
|  | |  | | |  | |  | | |  | |  |
|  | | *(signature of litigation guardian or person representing a special party)* | | |  | | COMMISSIONER FOR TAKING AFFIDAVITS *(or as may be)* | | |  | |  |
|  | | | | | | | | | | | | |
| **For office use only** | | | | | | | | | | | | |
| Requestor is eligible for fee waiver under the *Administration of Justice Act*, R.S.O. 1990, c. A.6: | | | | | | | Requestor has provided required proof of income documents: | | | | | |
| Yes | | | | No | | | Yes: | | | | No | |
|  | |  | | |  | |  | | |  | |  |
|  | | *(Date of signature)* | | |  | | *(Signature of registrar, clerk of the court or sheriff)* | | |  | |  |

Personal information contained on this form is collected under the authority of ss. 4.3 and 4.5 of the *Administration of Justice Act*, R.S.O. 1990, c. A.6. This information will be used to determine fee waiver eligibility. By signing this form, you agree to provide supporting financial documentation and records if requested to do so by the Ministry of the Attorney General, which would be used to confirm the information you provide in this form. If you have any questions regarding the collection of personal information for fee waiver requests, please contact the Operational Support Branch, Ministry of the Attorney General, 720 Bay Street, 2nd floor, Toronto, ON M5G 2S9, (416) 326-1028.