Civil Court of the City of New York

County of _____ Index Number _____

_____ Part _____

Plaintiff(s)/Petitioner(s)/Claimants(s)

_____

Defendant(s)/Respondent(s)

_____

AFFIRMATION IN SUPPORT OF AN APPLICATION TO WAIVE COURT COSTS, FEES, AND EXPENSES

State of New York, County of _____ ss:

_____, hereby affirms, deposes and says:

PRINT YOUR NAME

1. I am the party named as _____ in the above titled action.

2. 1 reside at _____

3. 1 seek to proceed in the above titled action.

4. 1 have a good and meritorious cause of action in that _____

_____

5. 1 request that an Order be granted:
   - ☐ waiving any and all statutory fees for the defense or prosecution of the action,
   - ☐ waiving the fee for the filing of a Notice of Appeal
   - ☐ other (Specify) _____

6. 1 make this application based on CPLR §1101. I do not have, nor am I able to obtain, the funds needed to pay the court fees. I will be unable to proceed unless the Order is granted.

7. 1 am/am not a recipient of Public Assistance from the Department of Social Services of the City of New York.

8. 1 have no income other than the sum of $_____ per _____ from

_____

9. 1 own no property of any kind except necessary personal wearing apparel and

_____

[Indicate other property and the value of such property]

10. No other person is beneficially interested in the recovery sought.

11. ☐ a) I have not made a previous application for this or similar relief.
    ☐ b) I have made previous application(s) for this or similar relief, but I am making this further application because

_____ .

I affirm 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.

Print your address

Printed Name: _____ _____

_____

Signature: _____ Telephone Number _____

CIV-GP-15-i(Revised 05/25)