



## Filing Fee Waiver Packet: Paternity Actions

★ *Use of this form is limited to Volunteer Attorneys handling a pro bono case referred by Heartland.*

Indiana Code § 33-37-3-2(b) requires court clerks to waive filing fees without court approval for civil actions filed by indigent individuals represented by a pro bono attorney, where the referral to the attorney was made by a pro bono district. This means that all clients referred by Heartland to a pro bono attorney are entitled to have their filing fees and other court costs waived, as long as the statutory requirements are met.

**This waiver does not cover fees for service by sheriff, publication, mediators (even if the court orders the mediation), or the Children Cope With Divorce Workshop.**

### Instructions for Filing:

1. Prepare the Fee Waiver Packet:
  - a. Complete and sign the Attorney Statement. Be sure to include your attorney number and contact information.
  - b. Attach the Referral Letter from Heartland to your client (if you need another copy, please contact Dana).
  - c. Have your pro bono client complete and sign the Affidavit of Indigency.
  - d. Prepare and sign the other documents required to initiate the dissolution action (e.g., your appearance, the verified petition, and the summons)
2. File Online:
  - a. If you have not already done so, set up a “Fee Waiver” payment account. *For help, go to <https://efile.incourts.gov> and search for “Fee Waiver” on the FAQ page.*
  - b. Upload all documents for the initial filing, including the entire Fee Waiver Packet.
  - c. When asked to select a payment method, select your Fee Waiver payment account.
  - d. Submit your filing.
3. **If the clerk does not accept the filing, contact Dana at (317) 631-9413.**
4. When you file your Status Report, let Heartland know if you requested a fee waiver, and if the fee was waived.

STATE OF INDIANA ) IN THE MARION SUPERIOR COURT  
 ) SS: PATERNITY DIVISION  
 COUNTY OF MARION ) CAUSE NO. \_\_\_\_\_

IN RE: THE PATERINITY OF )  
 )  
 \_\_\_\_\_ )  
 )  
 B/N/F \_\_\_\_\_ )  
 )  
 ) Petitioner )  
 )  
 ) VS. )  
 )  
 )  
 \_\_\_\_\_ )  
 )  
 ) Respondent. )

**ATTORNEY STATEMENT IN SUPPORT OF FILING FEE WAIVER**

The undersigned, a pro bono volunteer attorney, respectfully seeks waiver of the filing fees for this action pursuant to Ind. Code § 33-37-3-2(b), and in support thereof, states that:

1. The undersigned represents \_\_\_\_\_, the initiating party herein.
2. The initiating party is filing a Petition to Establish Paternity, and, to the best of my knowledge, he/she is entitled to the relief requested in the Petition.
3. The initiating party was referred to me by the Heartland Pro Bono Council, the Pro Bono Plan Administrator for District G, after a determination that he/she meets the financial eligibility guidelines for assistance pursuant to either the federal guidelines regarding income poverty levels or the agency’s established eligibility guidelines, as shown on the attached Referral Letter.
4. The initiating party, under the penalties of perjury, has provided the information contained on the attached Affidavit of Indigency, indicating that he/she does not have the funds or resources available to pay the applicable filing fee.

\_\_\_\_\_  
 Date



\_\_\_\_\_  
 Printed: \_\_\_\_\_  
 Atty No: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Phone: ( ) \_\_\_\_\_

STATE OF INDIANA ) IN THE MARION SUPERIOR COURT  
 ) SS: PATERNITY DIVISION  
 COUNTY OF MARION ) CAUSE NO. \_\_\_\_\_

IN RE: THE PATERINITY OF )  
 )  
 \_\_\_\_\_ ) **AFFIDAVIT OF INDIGENCY**  
 )  
 B/N/F \_\_\_\_\_ )  
 )  
 ) Petitioner )  
 )  
 ) VS. )  
 )  
 )  
 \_\_\_\_\_ )  
 )  
 ) Respondent. )

The Petitioner now states:

1. I wish to file this action and I believe that I have a case with merit.
2. I cannot pay any of the filing fees or other costs of this action because I do not have sufficient income or resources.

3 I live with \_\_\_\_\_

4. Our family's income is \$\_\_\_\_\_ per month. *(Total from below)*

*(Income received each month, before taxes)*

Wages (\$_____ per hour x _____ hours per month)	_____
Unemployment Compensation	_____
AFDC/TANF Benefits	_____
Social Security/SSI/SSD Benefits	_____
Child Support	_____
Other (Please describe): _____	+ _____
Other (Please describe): _____	_____
Total:	= \$ _____

5. I/We have \$\_\_\_\_\_ in the bank.

6. My/Our expenses total \$\_\_\_\_\_ per month: *(Total from below)*

Housing (Rent, contract, or Mortgage)	_____
Utilities (Gas, Electric, Water, Phone, etc.)	_____
Food	_____
Child Care	_____
Medical Bills	_____
Transportation	_____
Insurance (Car, Medical and/or property)	_____
Child Support	_____
Income taxes	_____
Other (Please describe): _____	+ _____
Other (Please describe): _____	_____
Total:	= \$ _____

I request that this Court waive all costs of this action and allow me to proceed without the payment of any filing fees or other costs.

I affirm under the penalties of perjury that the foregoing representations are true.

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Signature

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Print your name

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Mailing Address

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City, State, Zip Code