SUPERIOR COURT OF THE DISTRICT OF COLUMBIA
500 Indiana Avenue, NW, Washington, DC 20001
(202) 879-1010 | www.dccourts.gov

Case Caption: _____ Case Number: _____

APPLICATION TO WAIVE COURT COSTS AND FEES

This application and any financial information provided therein will be treated as confidential except to the court, authorized court personnel, the applicant and persons authorized by the applicant or as ordered by the court.

I, _____ **am the**: *(check one)*
(*Your Name*)

☐ Plaintiff/Petitioner
☐ Defendant/Respondent
☐ Guardian
☐ Filer
☐ Intervenor/Proposed Intervenor
☐ Other: _____

I respectfully ask that I not be required to pay court fees in this case for the following reason(s):

1. I, or my dependent, receive financial help from one or more of the following programs: *(check all that apply)*

☐ Child Care Subsidy/Voucher Program
☐ Close Relative Caregiver Pilot Program (CRCP)
☐ Domiciliary Care for Homeless Veterans (DCHV)
☐ Free and Reduced-priced Meals (FARM)
☐ General Assistance for Children (GAC)
☐ Grandparent Caregivers Program (GCP)
☐ Head Start Program
☐ Health Care for Homeless Veterans (HCHV)
☐ Home First Subsidy Program
☐ Homeless Veteran Community Employment Services Program (HVCES)
☐ Housing Choice Voucher Program (HCVP)
☐ Interim Disability Assistance (IDA)
☐ Low Income Home Energy Assistance Program (LIHEAP)
☐ Local Rent Supplement Program (LRSP)
☐ Medicaid or D.C. HealthCare Alliance
☐ Permanent Supportive Housing (PSH)
☐ Program on Work, Employment, and Responsibility (POWER)
☐ Project-Based Section 8 Rental Assistance
☐ Public Housing
☐ Qualified Medicare Beneficiary Program (QMB)
☐ Rapid Rehousing Program (RRH) including Flex and CareerMap
☐ Section 202 Supportive Housing for the Elderly Program
☐ Section 811 Housing for Persons with Disabilities Program
☐ Social Security Disability Insurance (SSDI)
☐ Special Supplemental Nutrition Program for Women, Infants and Children (WIC)
☐ Supplemental Nutrition Assistance Program (SNAP)
☐ Supplemental Security Income (SSI)
☐ Supportive Services for Veteran Families (SSVF)
☐ Targeted Affordable Housing (TAH)
☐ Temporary Assistance for Needy Families (TANF)
☐ U.S. Department of Housing and Urban Affairs – Veterans' Affairs Supportive Housing (HUD-VASH) Program
☐ Veterans Affairs Supportive Housing
☐ Veterans' Pensions or Pensions to Surviving Spouses and Children

(If you checked any of the boxes in Question 1 - STOP and do not answer Questions 2 through 9. Go directly to the Declaration section on page 3. If you did not check any of the boxes in Question 1, go to Question 2.)

2. **I am represented free of charge by a legal services or other nonprofit organization whose primary purpose is to provide legal services to low-income clients, or by a legal clinic operated by a law school located in the District of Columbia that provides legal services to low-income clients.** *(See Appendix for a list of organizations and law schools.)*

☐ Yes. Name of Organization: _____

(If you answered yes to Question 2 - STOP and do not answer Questions 3 through 9. Instead, go directly to the Declaration section on page 3.)

☐ No *(If no, answer Question 3.)*

3. **I believe that my monthly income does not exceed 200% of the federal poverty guidelines issued by the U.S. Department of Health and Human Services.** *(See Appendix).*

☐ Yes. My monthly income is $ _____ and I have ___ people (including me) in my family/household.

(If you answered yes to Question 3 - STOP and do not answer Questions 4 through 9. Go directly to the Declaration section on page 3.)

☐ No *(If no, answer Questions 4 through 9.)*

4. **I am presently**:

☐ employed. My annual salary is $ _____ .

☐ unemployed. The last date I worked was _____ , _____.
(Month) *(Year)*

5. **The number of people who depend on me for financial support: _____ . Of those, _____ are minor children or elderly**.

6. **I have a total of $ _____ in cash, including money in bank accounts.**

7. **I own the following vehicles, real estate, or other valuable property:** *(list all items)*

_____

_____

8. **This is my best estimate of the monthly expenses for me and the people who depend on me for financial support:**

Expense	Monthly Amount
Housing (such as rent, mortgage, taxes, insurance):	$
Utilities (such as gas, electric, water, phone, internet):	$
Food and household necessities:	$
Child-related expenses (such as childcare, diapers):	$
Health (such as medical, prescriptions, dental, vision, insurance):	$
Transportation (such as vehicle loan, gas, insurance, metro, buses):	$
Other debt and expenses:	$
Total Estimated Monthly Expenses:	$

9. **Other circumstances that I want the judge to consider in support of my request are**:
(explain any other reasons, such as any child support orders, large monthly expenses, debts, wage or bank account garnishments, or judgments)

_____

_____

_____

_____

DECLARATION

I solemnly swear or affirm under criminal penalties for the making of a false statement, which include 180 days in jail or a $1,000 fine or both, that I have read this Application and that the factual statements made in it are true to the best of my personal knowledge, information and belief.

_____ Signature	_____ Date
_____ Street Address	_____ Telephone
_____ City, State, Zip Code	_____ Email address

To be completed by Superior Court Staff Only			
This Application to Waive Court Costs and Fees has been reviewed and approved by:			
Signature	Printed Name	Title	Date

Appendix to Application to Waive Cost and Fees

I. Law Schools

American University Washington College of Law
Catholic University of America Columbus School of Law
George Washington University Law School
Georgetown University Law Center
Howard University School of Law
University of the District of Columbia David A. Clarke School of Law

II. Examples of Legal Service Organizations

Advocates for Justice and Education
Asian Pacific American Legal Resource Center
Ayuda
Bread for the City Legal Clinic
Capital Area Immigrants' Right Coalition
Catholic Charities Legal Network of the Archdiocese of Washington
Central American Resource Center
Children's Law Center
Christian Legal Aid of DC
DC Bar Pro Bono Center
DC Kincare Alliance
DC Volunteer Lawyers' Project
Disability Rights DC at University Legal Services
First Shift Justice Project
Human Rights First
Legal Aid DC
Legal Counsel for the Elderly
Mother's Outreach Network
Neighborhood Legal Services Program
Network for Victim Recovery DC
Open City Advocates
Public Defender Service for the District of Columbia
Quality Trust for Individuals with Disabilities
Rising for Justice
Safe Sisters Circle
School Justice Project
The Amara Legal Center
Tzedek DC, Inc
US Committee for Refugee & Immigrant Children
Washington Lawyers' Committee for Civil Rights & Urban Affairs
Washington Legal Clinic for the Homeless
Whitman-Walker Clinic Legal Services Program

III. U.S. Federal Poverty Guidelines[1]

The secretary of the Department of Health and Human Services establishes the Federal Poverty Guidelines annually. The chart below outlines the maximum monthly income per household size based on 200% of the U.S. Federal Poverty Guidelines for 2025.

Household Size	Maximum Monthly Income
1	$2,608
2	$3,525
3	$4,442
4	$5,358
5	$6,275
6	$7,192
7	$8,108
8	$9,025
9	$9,942
10	$10,858
11	$11,775
12	$12,692
13	$13,608
14	$14,525

[1] 90 Fed. Reg. 5917 (Jan. 17, 2025); D.C. Code § 15-712(a)(1)(C).