

Form 7.19A
(rule 7.19)

File number: 20 _____ G _____

IN THE SUPREME COURT OF NEWFOUNDLAND AND LABRADOR
GENERAL DIVISION

BETWEEN:

(Plaintiff's name)

PLAINTIFF

AND:

(Defendant's name)

DEFENDANT

(Modify title of proceeding as necessary.)

Application for fee waiver

TO THE SUPREME COURT OF NEWFOUNDLAND AND LABRADOR OR ONE OF
THE JUDGES THEREOF:

If you are a party to a proceeding in the Court, complete paragraph 1.

If you tick that
you are in receipt
of income
support, please
attach proof of
this to this
application.

The application of *(insert applicant's name)*, the Applicant herein
says,

1. I am *(please tick one box below)*

in receipt of income support under the *Income and
Employment Support Act* .

not in receipt of income support.

If you stated that you are not in receipt of income support, complete paragraphs 2-5.

Please attach
documentary
proof of your
income (ex.
notices of
assessment from
CRA)

2. My annual income for the last three years was:

\$ _____ (Year: _____)

\$ _____ (Year: _____)

\$ _____ (Year: _____)

Please attach documentary proof of your monthly expenses (ex. bills)

3. My monthly expenses are:
(List your monthly expenses here.)

4. The nature of my claim/defense/appeal/etc. is:
(Describe the nature of your claim, defense, appeal, etc. here, or attach a copy of the document you intend to submit if the fee waiver is granted.)

5. Please set out any other information you think the Court should know about your ability to pay the fees required:
(Set out any other relevant information here.)

If you are a researcher seeking to have fees waived, complete paragraphs 6-7

6. I am conducting research on:
(Describe the nature of your research here.)

7. I estimate that the court fees that I will incur in conducting this research amount to:
(Provide estimate of the total amount of fees here.)

For all applications, complete paragraph 8

8. The applicant therefore applies for an order that
 - all fees payable by *(name of applicant)* in proceeding *(set out proceeding number)* be waived; or

 - (b) the following fees payable by *(name of applicant)* be waived:

(List specified fees to be waived.)

If you have not attached documentary proof as required above, your application may be denied on that basis.

STATEMENT OF TRUTH

The contents of the within application are true to the best of my information and belief.

SWORN/AFFIRMED

at _____ (city/town),
_____ (province
or, if outside of Canada, country), on the
_____(day) of _____
(month), _____ (year), before me

(signature)
Commissioner, notary public, etc.

(signature of applicant)
Whose address for service is:
(Insert address for service)
Newfoundland and Labrador

ISSUED at _____ (city/town) in the Province of Newfoundland
and Labrador this _____(day) of _____(month), _____(year).

(Affix seal of the court)

(signature)
Registrar/Registry clerk