



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)

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

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

III. U.S. Federal Poverty Guidelines¹

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 2026.

Household Size	Maximum Monthly Income
1	\$2,660
2	\$3,607
3	\$4,553
4	\$5,550
5	\$6,447
6	\$7,393
7	\$8,340
8	\$9,287
9	\$10,233
10	\$11,180
11	\$12,127
12	\$13,073
13	\$14,020
14	\$14,967

¹ 91 Fed. Reg. 1797 (Jan. 15, 2026); D.C. Code § 15-712(a)(1)(C).