Office of Court Management
Two Center Plaza, Room 540
Boston, MA 02108

exams@jud.state.ma.us
Telephone (617)742-8575
www.mass.gov/courtofficerexam

MASSACHUSETTS TRIAL COURT

Request for Waiver of the Examination Fee

A waiver may be granted if an applicant demonstrates a need based upon financial hardship

Exam Title: **COURT OFFICER ENTRANCE EXAM 2027**

Registrant Name:_____

Home Address:_____

Email Address:_____ **Daytime Telephone Number:**_____

To be considered for a fee waiver, this form and the required supporting documentation must be e-mailed to exams@jud.state.ma.us on or before **Wednesday, January 6, 2027**. Late submissions cannot be accommodated.

I request a waiver of the Examination Processing Fee and attest that I am an approved participant in the following program(s) (please indicate at least one):

___ Supplemental Nutritional Assistance Program (SNAP- formerly Food Stamps)
___ Temporary Assistance for Needy Families (TANF)
___ Transitional Aid to Families and Dependent Children (TAFDC)
___ Unemployment Insurance (UI)
___ Women Infants Children Program (WIC)
___ Massachusetts Refugee Resettlement Program
___ Municipal Veterans Benefits under MGL Ch. 115
___ Rental Assistance
___ Social Security
___ Supplemental Security Income (SSI)
___ Other social services/social welfare program:

I am submitting the required supporting documentation, which must be in the following form:

1. Official receipts, check stubs, or agency verification documents (ID cards or member cards are not acceptable documentation);
2. Which are dated within the past 12 months:
3. Are addressed to me:
4. And verify that I have received the assistance indicated above within the past 12 months.

I understand that the approval of this application for a fee waiver is solely within the discretion of the Office of Court Management. I understand that it is my responsibility to ensure that this Form and the required supporting documentation are provided as outlined above**. I understand that if I do not submit acceptable supporting documentation, my fee waiver request will be denied.** I understand that in order to take an examination, I must either be approved for a fee waiver or if my fee waiver request is denied, I register and pay the required fee.

I hereby declare under the penalties of perjury that the statement above is true. I authorize the agency administering the benefits I have indicated above to release information sufficient to verify my claim should a question of authenticity arise in regards to my fee waiver request.

_____ Registrant's Signature

_____ Date of Request