



AFFIDAVIT IN SUPPORT OF REQUEST FOR WAIVER
OF FILING FEE UNDER §11C

Please provide DIA Board Number: _____

Pursuant to General Laws c. 152, § 11C, the applicant, _____
(Print Name of Applicant)

swears (or affirms) as follows:

1. Applicant is indigent in that he/she is a person unable to pay the filing fee mandated by § 11C, or is unable to do so without depriving himself or his dependents of the necessities of life, including food, shelter and clothing.

2. In support of this affidavit, the applicant submits the following information:

(a) Address of Applicant: _____

(b) Date of Birth: _____

(c) Highest grade attended in school: _____

(d) Special Training: _____

(e) List any physical or mental disabilities: _____

(f) Marital status: _____

(g) Number of dependents (if applicable): _____

and ages of dependents: _____

(h) Income, expense, asset & liability information:

Gross income from all sources (check one):

\$ _____ per _____ week/ _____ month/ _____ year.

If now working, list your occupation:

and the name of your employer: _____

Source(s) of income, per _____ week/ _____ month/ _____ year

if not from employment: _____ (check one)

Workers' Compensation Benefits \$ _____ Pension \$ _____

Social Security Disability \$ _____ Other \$ _____

Long Term Disability \$ _____ Other \$ _____

If spouse of applicant is employed, list occupation and name and address of his/her employer:

Applicant and spouse's gross annual income for the preceding year:

\$ _____

Deductions

Federal Tax \$ _____

State Tax \$ _____

Social Security (FICA) \$ _____

Other \$ _____

Net Income (Specify whether monthly or weekly):

\$ _____ per _____

Expenses (Specify whether monthly or weekly):

Rent \$ _____

Food \$ _____

Clothing \$ _____

Utilities \$ _____

Other Expenses \$ _____

TOTAL \$ _____

Assets:

Own car? _____ Year & Make _____

Market Value \$ _____ Loan Amount \$ _____

Balance Due \$ _____ Monthly Payment \$ _____

Bank Accounts (number of and balance in each) _____

Real Property? _____ (Identify Type)

Market Value \$ _____ Loan Amount \$ _____

Balance Due \$ _____ Monthly Payment \$ _____

Liabilities:

(i) Other facts which may be relevant to applicant's ability to pay the filing fee?

SIGNED UNDER THE PAINS AND PENALTIES OF PERJURY:

Signature of Applicant: _____

Type or Print Name of Applicant: _____

ALL INFORMATION CONTAINED HEREIN IS CONFIDENTIAL. IT SHALL NOT BE DISCLOSED TO ANY PARTY OTHER THAN AUTHORIZED REVIEWING BOARD PERSONNEL.