

AFFIDAVIT OF APPLICANT FOR PRO HAC VICE FEE EXEMPTION

I, _____ (print name), attest that I am representing _____, who is of limited means, in the matter of _____. I am providing this representation without compensation, through a charitable, religious, civic, community, governmental, or educational organization in a matter designed primarily to address the needs of people with limited means.

DATED this _____ day of _____, 20 _____.

Signature of Applicant

STATE OF _____)
:ss
COUNTY OF _____)

Signed and sworn to before me on _____ by _____.

NOTARY PUBLIC: _____

My appointment expires: _____