

# Fee Waiver Request

## NAME AND ALIEN (“A”) NUMBER

Answer all items in English. (Type or Print)

If more than one respondent is included in your application, motion, or appeal, only the lead respondent need file this form.

\_\_\_\_\_  
Name (Last, First, Middle)

\_\_\_\_\_  
Alien (“A”) Number

### AFFIDAVIT IN SUPPORT OF FEE WAIVER REQUEST.

(This affidavit is to be signed by the respondent, not the respondent’s attorney or representative of record.)

I declare under penalty of perjury, pursuant to 28 U.S.C. § 1746, that I am the person above and that I am unable to pay the filing fee. I believe that my application/motion/appeal is valid and not frivolous, and I declare that the following information is true and correct to the best of my knowledge.

\_\_\_\_\_  
(Print name of respondent filing the form)

\_\_\_\_\_  
(Signature of respondent filing the form)

\_\_\_\_\_  
(Date signed)

The Immigration Judge may grant your fee waiver request for an EOIR application or motion filed with the Immigration Court if you show that you are unable to pay the filing fee. The Board of Immigration Appeals (BIA) may grant your fee waiver request for an appeal or motion filed with the BIA if you show that you are unable to pay the filing fee. If this fee waiver request does not establish your inability to pay the required fee, your application, motion, application, or appeal will not be deemed properly filed. 8 C.F.R. §§ 1003.8 and 1003.24(d). You must answer all questions on the form even if the answer is “\$0.00”.

**1. Estimate your average monthly amount of money received from each of the following sources. Adjust any amount that was received weekly, biweekly, quarterly, semiannually, or annually to show the average monthly rate. Use gross amounts, that is, amounts before any deductions for taxes and other state/federal payroll withholdings.**

Income Sources	Monthly Average
Employment, including self-employment	\$ _____
Income from real property (such as rental income)	\$ _____
Interest from checking and/or saving account(s)	\$ _____
All other income, including but not limited to these and other sources: alimony, child support, interest, dividends, social security, annuities, unemployment, public assistance, etc.	\$ _____
<b>1.A.: TOTAL AVERAGE MONTHLY INCOME</b>	\$ _____

**2. Estimate your average monthly expenses. Adjust any payments that are made weekly, biweekly, quarterly, semiannually, or annually to show the monthly rate.**

Expense Sources	Monthly Average
Rent or home-mortgage payment(s) (include lot rented for mobile home)	\$ _____
Utilities (electricity, heating fuel, water, sewer, telephone, internet, etc.)	\$ _____
Installment payments or outstanding debits (credit card(s), store credit card(s), vehicle payment, personal loan(s), etc., but not including rent or home-mortgage payments)	\$ _____
Living expenses (food, clothing, transportation, child care, tuition, etc.)	\$ _____
All other expenses, including but not limited to these and other sources: alimony, child support, insurance, medical, health, any state or federal taxes, attorney fees, etc.	\$ _____
<b>2.B: TOTAL AVERAGE MONTHLY EXPENSES</b>	\$ _____

**3. Calculate ability to pay filing fee (total income minus total expenses):**

<b>TOTAL AVERAGE MONTHLY INCOME (1.A):</b>	\$ _____
<b>TOTAL AVERAGE MONTHLY EXPENSES (2.B):</b>	- \$ _____
<b>TOTAL:</b>	\$ _____

4. Provide any other information that will help explain why you cannot pay the filing fees for your appeal, motion, or application. Include your name and "A" number on all pages of any additional document(s) or additional pages.

**Attorney or Representative (if any):**

(If an attorney or representative is submitting this form, the attorney or representative must complete, sign, and date below.)

I hereby attest that I have reviewed the details provided herein and I am satisfied that this fee waiver request is made in good faith.

Signature of Attorney or Representative	Print Name	EOIR ID Number	Date
---	------------	----------------	------

**Paperwork Reduction Act Notice:** Under the Paperwork Reduction Act, a person is not required to respond to a collection of information unless it displays a valid OMB control number. We try to create forms and instructions that are accurate, can be easily understood, and which impose the least possible burden on you to provide us with information. The estimated average time to complete this form is one (1) hour. If you have comments regarding the accuracy of this estimate, or suggestions for making this form simpler, you can write to the Executive Office for Immigration Review, Office of the General Counsel, 5107 Leesburg Pike, Suite 2600, Falls Church, Virginia 22041.

**Privacy Act Notice:** The information on this form is requested to determine if you have established eligibility for the fee waiver you are seeking. The legal right to ask for this information is located at 8 C.F.R. § 1003.8(a)(3). EOIR may provide this information to other Government agencies. Failure to provide this information may result in denial of your request.