

**Fee Waiver Request**

Name: \_\_\_\_\_

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

Alien Number ("A" Number:) \_\_\_\_\_

I, \_\_\_\_\_, declare under penalty of perjury, pursuant to 28 U.S.C. section 1746, that I am the person above and that I am unable to pay the fee. I believe that my appeal/motion is valid, and I declare that the following information is true and correct to the best of my knowledge:

**Assets**

Wages, Salary	\$ _____ /month
Other Income (business, profession, self-employed, rent payments, interest, etc.)	_____ /month
Cash	_____
Checking or Savings Account	_____
Property (real estate, automobile, stocks, bonds, etc.)	_____
Other Financial Support (public assistance, alimony, child support, gift, parent, spouse, other family members, etc.)	_____ /month

**Expenses (including dependents)**

Housing (rent, mortgage, etc.)	\$ _____ /month
Food	_____ /month
Clothing	_____ /month
Utilities (phone, electric, gas, water, etc.)	_____ /month
Transportation	_____ /month
Debts, Liabilities	_____ /month
Other _____ (specify)	\$ _____ /month

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.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date