



CNMI DEPARTMENT OF LABOR

ADMINISTRATIVE HEARING OFFICE

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REQUEST TO PROCEED *IN FORMA PAUPERIS*

Instructions: This form is used to request a waiver of a labor complaint filing fee. Complete each applicable section and sign the form. Please attach the requested documents and any other records that would help support your claim. Please note that waivers are not automatic and must be reviewed for eligibility.

Case Name: _____ Case #: _____

A. REQUESTOR

Full Legal Name (First Middle Last):	
Mailing Address	Email Address(es)
Home Phone Number:	Cell Phone Number:

B. BASIS FOR WAIVER

I am entitled to a waiver because I, or an individual in my household, receives a “means-tested” public benefit.

Indicate which assistance program you or anyone in your household is currently eligible to receive. Documentation demonstrating eligibility **must** be attached to this request.
(Check all that apply)

Nutrition Assistance Program (“NAP”)

Social Security

Section 8 Housing

Low-Income Home Energy Assistance Program

Micronesia Legal Service Corporation Representation

Other: _____

I am entitled to a waiver because my total gross household income is at or less than 125% of U.S. poverty standard for the state of Hawaii.

List all the members of your household by name, relation, occupation, and gross monthly income. In calculating income, you must include all sources of income.
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I am entitled to a waiver because I am facing an economic hardship and do not have enough income to pay for my household needs and the filing fee.

Are you currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what is your monthly gross income? If no, when was the last time you worked?
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Describe any other sources of income you receive.

Indicate the amount of money you currently have:	Describe any property or assets you own and its fair market value:
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Indicate your average monthly deductions and expenses: <input type="checkbox"/> Payroll deductions or wages withheld by Court Order: _____ <input type="checkbox"/> Residence (i.e., rent, mortgage, taxes, insurance, maintenance, etc.): _____ <input type="checkbox"/> Food and necessary household supplies: _____ <input type="checkbox"/> Transportation expenses (i.e., car payments, gas, repair, etc.): _____ <input type="checkbox"/> Other (please specific type and amount): _____

Please explain any other special circumstances that you want considered in support of your request:

C. CERTIFICATION & SIGNATURE

I certify that the information provided with this Request is true and complete under penalty of perjury. I understand that the Department may request additional documents to support my claims. I further understand that if I am later found ineligible for the waiver, I may be ordered to repay any waived filing fee.

Requestor Signature

Date

This space is for internal use only

Documents attached w/ Request:

- Documents for public assistance
- Payroll records
- Tax Documents
- Court Orders
- Other Supporting Documents