

Request for Waiver of Complaint Filing Fee

1. Complainant's Name:
2. GAL Name:
3. Reason for Waiver(**must attach documentation**):

By signing this waiver request, I hereby certify that:

1. The information provided on the request form is true and accurate, to the best of my knowledge;
2. I have included complete, unaltered, and accurate documentation to support my need for a waiver; and
3. I acknowledge that, pursuant to RSA 641:3, knowingly making a false representation on the complaint form is punishable as a misdemeanor.

Signature

Date

Print Name

Pursuant to RSA 641:3, false statements made on this form are punishable by law.