VIRGINIA TOWNSHIP JUSTICE COURT
IN AND FOR THE COUNTY OF STOREY, STATE OF NEVADA

Court Mailing Address: PO Box 674, Virginia City, NV 89440 ■ Email: trcivil@storeycounty.org	
Case No.	Date:
Name:	Employer:

APPLICATION TO WAIVE CIVIL INFRACTION POSTING OF BOND OR DEPOSIT

This application will be kept in a confidential section of your file.

Section 1:

Please check the items that apply to you: (Attach supporting documents.)

☐ SSI Benefit Recipient ☐ Public Housing Resident ☐ Section 8 Recipient ☐ Food Stamp Recipient
☐ Welfare Recipient (TANF) ☐ Unemployment Recipient ☐ Workers Compensation Recipient
☐ Disabled or Disability Benefits (pending) ☐ Unemployed/no income ☐ Medicaid Recipient

If you checked one or more of the above items, go to Section 3:
If you did not check one or more of the above items, complete Section 2.

Section 2:

Posting a bond equal to the amount of the monetary penalty in this matter would cause me to suffer an economic hardship because of the following conditions: *(The Court may request supporting documentation.)*

My NET HOUSEHOLD INCOME* is: _____

**Net household income means all income of you and spousal income actually available to you. Such income includes: take-home wages and salary, regular payments from a governmental income maintenance program, alimony, child support, public or private pensions, annuities; and income from dividends, interest, rents, royalties, or periodic receipts from estates or trusts.*

Age and relationship of dependents you actually support:

Age	Relationship

Section 3:

I understand that the Court will consider this document to determine my ability to post a bond or deposit cash equal to the amount of the full payment of the monetary penalty, the administrative assessment, and any fees specified in the civil infraction.

I DECLARE UNDER PENALTY OF PERJURY THAT THE INFORMATION PROVIDED ON THIS FORM IS TRUE AND CORRECT.

_____	_____	_____
Print Name	Signature	Date

SECTION 4: COURT USE ONLY (Do not write in this section.)

I have reviewed the above Application to Waive the Civil Infraction Posting of Bond or Deposit.

☐ **APPLICATION IS APPROVED. It is the determination of the Court that the above-named person is unable to pay the costs of defending the action or is a client of a program for legal aid in accordance with NRS 12.015.**

☐ **APPLICATION IS DENIED. Does not meet NRS 12.015 criteria.**

_____	_____
Judicial Clerk	**Date**