

We want every parent who could benefit from using the OurFamilyWizard® toolset to be able to do so. But we understand that some may not have the financial means to purchase an annual subscription, which is why we have offered fee waivers since our inception. Parents who are eligible may qualify for discounted or free subscriptions through our fee waiver program.

Application Instructions

Please follow the instructions listed below when applying for an OurFamilyWizard® fee waiver. If you have any questions that are not answered by these instructions, please contact our customer support team at (866) 755-9991 or info@ourfamilywizard.com.

- Step 1: Applicants must be able to complete all required contact information fields in the application in order for their submission to be processed. Please provide a phone number and/or email address for the co-parent. This information is required in order for OFW® to be able to connect parent accounts correctly.
- Step 2: Every application must be submitted with supporting documentation that verifies the applicant's eligibility. The documentation options listed in Step 2 of the application are the only accepted documents for the fee waiver program. If ineligible documentation is provided, OFW® customer support will reach out at the provided email address for additional documentation.
- Step 3: This step should only be completed on applications for applicants who are working with legal aid or are receiving other legal services *probono*. Step 3 must be completed by the legal practitioner and **cannot** be completed by the applicant. Legal practitioners completing this step must still provide a signed letter on their letterhead verifying that they are providing legal services *probono* or at a reduced rate.

Fee waiver request form

UNITED STATES



Applicant

Print clearly or fill electronically and email the completed forms and documentation to: info@ourfamilywizard.com

* denotes a required field

Step 1: Contact information for applicant and their co-parent

*First and Last Name:				
*Address:				
*City:	*State	2:	*ZIP code:	
*Telephone:		*Email:		
Other Parent				
*First and Last Name:				
Address:				
City:	State:		ZIP code:	
*Telephone:		*Email:		
Step 2: One of the following docu	ments N	1UST be included wit	h the applicat	ion
In forma pauperis or proof of indigence approved by the court within the last 12 months.				
provide verification of those benefits from within the past 90 days. Benefits cards are not accepted as documentation. Signed letter on letterhead from a legal professional verifying that they are representing you on a <i>pro bono</i> or reduced rate basis. Below to be completed by legal professionals only.				
Step 3: Legal professionals to com	plete th	is section only if sub	mitting on bel	half of parent(s):
*First and Last Name:				
*Organization:		*	ītle:	
*Address:				
*City:	State:		*ZIP code:	
*Telephone:		*Email:		
For professionals, please choose one of the following and sign below: I am a court officer or arm of the court requesting a complimentary one year OFW® subscription due to financial need for:				
I am a legal professional or court offi grant my client a complimentary one			charge due to fin	ancial need. Please
My services are provided at one-year OFW® subscription at the sa		standard rate due to fina entage of the standard \$9		
Signature:			_ Date:	