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Name Barber, Devon Tyler
 Address 325 E. JIMMIE LEEDS RD., STE., 7, 333,
 GALLOWAY TOWNSHIP, NJ 08205

Telephone Number (609) 665-9350
 Email Address Tylerstead@ProtonMail.com

DEVON T. BARBER,

Plaintiff(s)/Appellant(s),

NEW JERSEY MOTOR VEHICLE
 COMMISSION,
 Defendant(s)/Respondent(s).

Superior _____ Court of New Jersey
Mercer County (if applicable)
 Docket Number: _____

**Certification/Petition/Application in
 Support of a Fee Waiver**

I/We, DEVON T. BARBER, am/are the
 (plaintiff(s)/ appellant(s)/ defendant(s)/ respondent(s)) in the above-captioned matter and
 I/we make this certification in support of my/our request for a filing fee waiver pursuant to *Rule 1:13-2* or *Rule 2:7-1*.

1. I/We am requesting this relief because I/we do not have sufficient funds or assets with which to pay the filing fees associated with this action.
2. I/We, am/ am not/ are/ are not an inmate in State prison or County Jail.*

***Attachments necessary:** If you are a state prison or county jail inmate, you must attach a certified copy of your prisoner's fund account statement from the appropriate correctional institution for the six months immediately preceding the date of this application. If you are requesting a waiver of the partial filing fee requirement set forth in N.J.S.A. 30:4-16.3, you must attach an affidavit of special circumstances.

3. I have been determined to be eligible for one or more of the following: (Check applicable boxes)
 - Public Assistance (please provide your most recent award statement as proof of eligibility);
 - Social Security Disability (please provide your most recent award statement as proof of eligibility)
4. Below is an accurate and full disclosure of my financial situation. I financially support 0 dependents (not including myself). (A dependent is an individual who is a child or relative who resides in the home and relies on you for more than half of his/her support for any given calendar year)

Attachments necessary:

Provide two months of documentation for the following:

- Welfare, Public Assistance, Unemployment, Disability, Social Security, Child Support/Alimony, other income.

Provide six months of bank statements for the following:

- All bank accounts.

5. I/we am/ am not/ are/ are not claimed as a dependent on someone else's tax return

Employer's Name, Address and Telephone Number:

N/A

Complete the Following Information:

| | | | |
|---------------------------------|------------------|----------------------------------|-----------------------|
| Net Monthly Income | \$ 185.00 | House(s)/Land Market Value | \$ 0.00 |
| Spousal/Cohabitant Contribution | \$ 0.00 | Value of All Motor Vehicles | \$ 0.00 |
| Unemployment/Disability | \$ 0.00 | Cash | \$ 21.00 <i>(dtb)</i> |
| Social Security | \$ 0.00 | Current Balance Checking Accts. | \$ 0.00 |
| Veterans Administration | \$ 0.00 | Current Balance Savings Accts. | \$ 0.00 |
| Pension | \$ 0.00 | Civil Judgment Awards/Pending | \$ 0.00 |
| Public Subsidies | \$ 0.00 | Current Value of Stocks/Bonds | \$ 0.00 |
| Child Support/Alimony | \$ 0.00 | Face Value of CDs/IRAs/401Ks | \$ 0.00 |
| Housing Subsidies | \$ 0.00 | Money Market Accounts | \$ 0.00 |
| Trust Fund Income | \$ 0.00 | Retrievable Bail Amt. & Location | \$ 0.00 |
| Income from Rental Properties | \$ 0.00 | N/A | |
| | | Other Assets N/A | \$ 0.00 |
| Total Monthly Income | \$ 185.00 | Total Assets | \$ 0.00 |

6. I/We understand that I/we am/are under a continuing obligation to notify the court of a change in my financial situation

Certification

I/We certify that the foregoing statements made by me/us are true. I/We am/are aware that if any of the foregoing statements made by me/us are willfully false, I/we am/are subject to punishment.

I/We further certify that in accordance with Court Rule 1:38-7(b) all confidential personal identifiers have been redacted and that subsequent papers submitted to the court will not contain confidential personal identifiers.

11/04/2025

Date

S/ BY: DEVON TYLER BARBER *DEVON T. BARBER*

Print your name(s)

BY: *X*, dtb, Devon Tyler All Rights Reserved.
Signature(s) *Hamilton Township, Atlantic County, New Jersey.*

This fifth day of the eleventh Month,
this 2025 year A.D.

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DEVON T. BARBER,

Superior Court of New Jersey
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 Docket Number: _____

Plaintiff(s)/Appellant(s),

NEW JERSEY MOTOR VEHICLE
COMMISSION,
 Defendant(s)/Respondent(s).

Order Waiving Filing Fees

This matter having been brought before the court on application of DEVON T. BARBER,
 (plaintiff(s)/ appellant(s)/ defendant(s)/ respondent(s)) for an **Order** waiving filing fees
 pursuant to *Rule 1:13-2* or *Rule 2:7-1*, and the Court having considered the moving party's financial
 information, the matter and for good cause appearing:

(Do not write below this line, For Court Use Only)

It is on this _____ day of _____, 20____, **ORDERED** that the application for a fee waiver is

Granted Denied