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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

Superior Court of New Jersey  
 Mercer ☒ County (if applicable)  
 Docket Number: \_\_\_\_\_

DEVON T. BARBER,

Plaintiff(s)/Appellant(s),

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

### 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 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	<del>\$ 21.00</del> 0.00 dtb
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	\$
<b>Total Monthly Income</b>	<b>\$ 185.00</b>	<b>Total Assets</b>	<b>\$ 0.00</b>

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+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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Superior Court of New Jersey  
 Mercer ☒ County (if applicable)

DEVON T. BARBER,

Docket Number: \_\_\_\_\_

\_\_\_\_\_  
 Plaintiff(s)/Appellant(s),

NEW JERSEY MOTOR VEHICLE  
COMMISSION

### Order Waiving Filing Fees

\_\_\_\_\_  
 Defendant(s)/Respondent(s).

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**