

Fee Waiver Program

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 OurFamilyWizard 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, OurFamilyWizard 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 pro bono. 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 pro bono or at a reduced rate.

Fee waiver request form

UNITED STATES



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

Applicant				
*First and Last Name:				
*Address:				
*City:	*State:		*ZIP code:	
*Telephone:		*Email:		
Other Parent				
*First and Last Name:				
Address:				
City:	State:		ZIP code:	
*Telephone:		*Email:		
Step 2: One of the fo	llowing documents M	UST be included v	with the applicatio	n
In forma pauperis or pro	of of indigence approve	d by the court withi	n the last 12 months.	
If you're receiving certai verification of those ber		_		or food assistance, provide documentation.
Signed letter on letterhored reduced rate basis.	ead from a legal professi	onal verifying that tl	ney are representing	you on a pro bono or
	Below to be comp	pleted by legal profess	ionals only. · · · · · · · · · · · · · · · · · · ·	
Step 3: Legal professional	s to complete this sec	ction only if subm	itting on behalf of	parent(s):
*First and Last Name:				
*Organization:			*Title:	
*Address:				
*City:	*State:		*ZIP code:	
*Telephone:		*Email:		
	professionals, please ch			
I am a court officer or ar due to financial need for		ng a complimentary	one year OurFamily\	Vizard subscription
I am a legal professional grant my client a complir				ancial need. Please
My services are provided year OurFamilyWizard suffee.	-			grant my client a one- USD annual subscription
Signature:			Date:	