

NAME: _____

MAILING ADDRESS: _____
(Street or P. O. Box)

(City/State/Zip Code)

PHONE NUMBER: _____

MONTANA ELEVENTH JUDICIAL DISTRICT COURT, FLATHEAD COUNTY

<p>_____, Petitioner/Plaintiff,</p> <p style="text-align: center;">and</p> <p>_____, Co-Petitioner/Respondent/Defendant.</p>	<p>Cause No.: _____</p> <p style="text-align: center;">FINANCIAL AFFIDAVIT OF INABILITY TO PAY FILING FEES</p>
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I, _____ [*print name*] hereby state as follows:

1. I am the Petitioner/Plaintiff Co-Petitioner/Respondent/Defendant in this matter.
2. I have a good cause of action or defense and am unable to pay fees.
3. I am providing the following financial information for the Court's consideration.

4. **PERSONAL INFORMATION:** Full Name: _____
 AGE: _____ Date of Birth: _____ Social Security No. _____
 ADDRESS: _____

Street address & mailing	City	State	Zip Code
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5. **INDIVIDUAL(S) DEPENDENT UPON ME FOR SUPPORT:**

NAME	RELATIONSHIP	AGE	CHILD SUPPORT (Amount you Pay)
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

6. **INCOME - FROM ALL SOURCES:**

I am currently employed unemployed.

If unemployed: I have been unemployed since: _____

If employed: I have been employed at _____ [company name] since _____ [date started] and my job position/title is _____.

My other job skills are: _____

My total income last year was: \$ _____

My total income for the previous year was: \$ _____

My present gross MONTHLY INCOME (before deductions) is \$ _____

Monthly deductions from my paychecks are as follows:

Federal Taxes	\$ _____	
FICA	\$ _____	
State Taxes	\$ _____	
Health Insurance:	\$ _____	[yours and children included]
Child Support:	\$ _____	
Other	\$ _____	
TOTAL deductions	\$ _____	

Net pay: (Subtract total deductions from gross Monthly Income) \$ _____

7. OTHER INCOME:

Not applicable; **or** I receive the following amount per month/per year from the following source: _____ [Worker's Compensation, pensions, Social Security, child support, investments, inheritance, etc.]

NET MONTHLY INCOME (add income from 6 & 7) \$ _____

8. ASSETS: [see below for examples/use additional sheet if necessary]

<u>ITEM</u>	<u>VALUE</u>	<u>OUTSTANDING DEBT</u>
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
TOTALS:	\$ _____	\$ _____

NET VALUE of Assets (total VALUE minus total DEBT) \$ _____
 (See following page for examples)

[SAMPLES OF ASSETS FOR EXAMPLE ONLY]

	VALUE	OUTSTANDING DEBT	NET VALUE
Residence	\$150,000.00	\$50,000.00	\$100,000.00
Vehicles	\$13,000.00	\$7,500.00	\$5,500.00
Recreational vehicles/snowmobiles/boats	\$23,000.00	\$10,000.00	\$13,000.00
Guns/coins/art, coin, or stamp collections	\$10,000.00	-0-	\$10,000.00
CD's, stocks, bonds, trust income, business ownership	\$100,000.00	-0-	\$100,000.00

9. AVERAGE MONTHLY LIVING EXPENSES

Rent/Mortgage:	\$ _____	Utilities	\$ _____
Real Estate Taxes	\$ _____	Food	\$ _____
Insurance – health/auto	\$ _____	Clothing	\$ _____
Transportation – gas/auto	\$ _____	Recreation	\$ _____
Medical	\$ _____	Child Care	\$ _____
Education	\$ _____	Other	\$ _____

TOTAL LIVING EXPENSES \$ _____

PLEASE PROVIDE ANY FURTHER EXPLANATION OF YOUR INCOME AND EXPENSES IF NECESSARY: _____

I DECLARE UNDER PENALTY OF PERJURY AND UNDER THE LAWS OF THE STATE OF MONTANA THAT ALL STATEMENTS AND THE INFORMATION CONTAINED IN THE FOREGOING AFFIDAVIT OF INABILITY TO PAY FILING FEES ARE TRUE AND CORRECT.

DATED this _____ day of _____, 20____.

Your Signature

*****PLEASE NOTE YOU MUST ALSO SUBMIT THE PROPOSED ORDER ATTACHED AND INCLUDE A STAMPED, SELF-ADDRESSED ENVELOPE FOR THE COURT TO RETURN THE ORDER TO YOU*****

MONTANA ELEVENTH JUDICIAL DISTRICT COURT, FLATHEAD COUNTY

_____, Petitioner/Plaintiff, and _____, Co-Petitioner/Respondent/Defendant.	Cause No.: _____ ORDER
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Upon Consideration of the Petitioner's/Co-Petitioners'/ Plaintiff's

Respondent's/Defendant's Financial Affidavit of Inability To Pay Filing Fees,

IT IS HEREBY ORDERED:

That all officers of the Court shall perform the filing and issuance of the applicant's pleadings and the Court's Orders without demanding or receiving fees in advance.

That the applicant's initial filing fees are waived, but the applicant shall pay the Judgment fees.

Dated this _____ day of _____, 20 _____.

DISTRICT COURT JUDGE

Send Order to:

Name: _____

Address: _____

ORDER

11th Judicial District Court Revised February 2014