

\_\_\_\_\_  
Name

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
City State Zip Code

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
E-mail Address

Petitioner/Plaintiff  Respondent/Defendant

**MONTANA 11<sup>th</sup> JUDICIAL DISTRICT COURT FLATHEAD COUNTY**

<p>_____ Petitioner / Plaintiff,  and  _____ Respondent / Defendant.</p>	<p><b>Case No:</b> _____ <i>(leave blank, the clerk will write in)</i></p> <p>Statement of Inability to Pay Filing Fees</p>
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I have a good cause of action or defense but am unable to pay filing or other court fees. I request the court waive the costs and fees. I provide the following information.

My full legal name is: \_\_\_\_\_ . I was born in this month \_\_\_\_\_ and this year \_\_\_\_\_.

I am represented by an entity that provides free legal services to low-income persons.

**Or**

I am represented by a volunteer/pro bono attorney, and am financially eligible for free legal services. *(Attach a certificate of eligibility from legal aid organization to this form.)*

**Or**

I receive one or more of these benefits: *(Check the box for each benefit you receive.)*

- SNAP     TANF     SSI     Medicaid     WIC     LIEAP

**I. INCOME** (Complete this Section to the best of your ability.)

What do you do for work? \_\_\_\_\_ Who is your employer? \_\_\_\_\_

What is your household's annual income, before taxes? \_\_\_\_\_ How many people are in your household? \_\_\_\_ (The tables below will help you answer these questions, if you are not sure what to put in the blanks.)

If you are unemployed, when were you last employed (Month, Year)? \_\_\_\_\_ Your job? \_\_\_\_\_

**Are you married?**  Yes  No  Separated  Getting Divorced **NOTE:** If you are not married, if you and your spouse are separated, or if one of you is filing for dissolution of marriage, you do not need to provide your spouse's income below.

Fill in the chart below with the income received by you, and by your spouse, if applicable. Put a "0" in each blank if you or your spouse don't receive the income listed.

Income Sources	Amount YOU receive per month before taxes	Amount YOUR SPOUSE receives per month before taxes
Employment	\$	\$
Retirement/Pension	\$	\$
Workers' Compensation	\$	\$
Social Security	\$	\$
Unemployment	\$	\$
Government Benefits	\$	\$
Child Support Received	\$	\$
A person or agency pays my rent or other monthly expenses and the amount is: _____	\$	\$
Other Income—e.g., rental income, stocks, investments, etc.—describe: _____	\$	\$
<b>Total here:</b>	\$	\$

**What is your household size?** How many persons, if any, depend on you financially? If none, then write "N/A" below. Attach another page if needed and check here to tell the court you attached another page:

Dependents (Initials Only)	Age	Relationship to You
1.		
2.		
3.		
4.		
5.		

**II. ASSETS** *(Complete this Section to the best of your ability.)*

**What property do you and your spouse own?** Include your spouse's property if you are married and not separated and not filing for dissolution. Fill in the chart below, only listing items that you could sell for \$600 or more. If you don't own an item listed, write "N/A" in the "Value" column for that item. "Value" means the total amount the item(s) identified in a column would sell for, minus the amount you still owe on the item(s), if anything.

Asset	Value
Cash (This includes the money in your savings and checking accounts)	\$
Vehicle 1: provide year, make and model _____	\$
Vehicle 2: provide year, make and model _____	\$
Home where you live now	\$
Real estate or other homes/mobile homes (Not including the home you are living in now)	\$
Recreational vehicle(s) such as snowmobile, ATV, camper/RV, boat, motorcycle, etc.	\$
Guns or other collections	\$
Other Item(s) worth more than \$600—describe: _____	\$

**III. DEBTS AND EXTRAORDINARY EXPENSES** *(Complete this Section to the best of your ability.)*

**What bills do you and your spouse pay each month?** Fill in the chart below.

Monthly Expenses	Value
Housing Expense: Mortgage or Rent	\$
General Household Expenses: Utilities, Phone/Internet/Cable, etc.	\$
Insurance Expenses, Healthcare Costs and/or Medical Debt(s)	\$
Childcare Expenses	\$
Other Extraordinary Expenses: e.g., Collection actions, Student Loans—describe:	\$

**IV. ADDITIONAL INFORMATION** *(This Section is optional.)*

If you have additional information that you want the court to consider about your inability to pay court costs, write that information under your signature below or attach an extra page. Check here if you attached another page:

**V. DECLARATION** *(This Section is Required.)*

**I declare under penalty of perjury and under the laws of the State of Montana that the information in this document is true and correct. I understand that it is a crime to give false information in this document.**

Date: \_\_\_\_\_ YOUR Signature: \_\_\_\_\_

**MONTANA ELEVENTH JUDICIAL DISTRICT COURT, FLATHEAD COUNTY**

\_\_\_\_\_ )  
 ) **Case No.** \_\_\_\_\_  
 )  
 )  
 ) Co-Petitioner / Petitioner / Plaintiff,  
 )  
 )  
 ) vs.  
 ) **ORDER OF FEE WAIVER**  
 )  
 )  
 ) \_\_\_\_\_  
 )  
 )  
 ) Co-Petitioner / Respondent / Defendant.)

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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 the applicant's initial filing fee and the judgment fee are waived.
- That the applicant's initial filing fees are waived, but the applicant shall pay the Judgment fees.
- \_\_\_\_\_

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

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DISTRICT COURT JUDGE

pc: \_\_\_\_\_  
\_\_\_\_\_