

NAME: _____

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

(City/State/Zip Code)

PHONE NUMBER: _____

MONTANA ELEVENTH JUDICIAL DISTRICT COURT, FLATHEAD COUNTY

_____)	Case No. _____
Co-Petitioner / Petitioner / Plaintiff,)	
)	
vs.)	FINANCIAL AFFIDAVIT OF
_____)	INABILITY TO PAY FILING
)	FEES
Co-Petitioner / Respondent / Defendant.))	

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) \$ _____

[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 THE FOREGOING IS 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*****

