

NAME: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_  
(Street or P. O. Box)

\_\_\_\_\_  
(City/State/Zip Code)

PHONE NUMBER: \_\_\_\_\_

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

In the matter of:

- Emancipation
- Guardianship
- Name Change/Adult or Minor
- Step-Parent Adoption
- \_\_\_\_\_

Cause No.: \_\_\_\_\_

**FINANCIAL AFFIDAVIT OF  
INABILITY TO PAY FILING  
FEES**

\_\_\_\_\_  
*[insert above the information necessary to match  
the court caption on your Petition]*

\_\_\_\_\_  
Petitioner

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

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) \$ \_\_\_\_\_

<u>[SAMPLES OF ASSETS FOR EXAMPLE ONLY]</u>	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\*\*\***

MONTANA ELEVENTH JUDICIAL DISTRICT COURT, FLATHEAD COUNTY

<p>In the matter of: <input type="checkbox"/> Emancipation <input type="checkbox"/> Guardianship <input type="checkbox"/> Name Change/Adult or Minor <input type="checkbox"/> Step-Parent Adoption <input type="checkbox"/> _____</p> <hr/> <p><i>[insert above the information necessary to match the court caption on your Petition]</i></p> <hr/> <p>Petitioner</p>	<p>Cause No.: _____</p> <p>JUDGE: _____</p> <p style="text-align: center;"><b><u>ORDER</u></b></p>
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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**

11<sup>th</sup> Judicial District Court Revised February 2014