

Name: _____
Address: _____
City, State, Zip Code: _____
Telephone number: _____

MONTANA FIFTH JUDICIAL DISTRICT COURT, BEAVERHEAD COUNTY

_____,
Plaintiff/Petitioner,
vs.
_____,
Defendant/Respondent.

* Cause No. _____
*
* **AFFIDAVIT OF INABILITY**
* **TO PAY FILING FEES**
* **and OTHER COSTS**
* **and ORDER**
*

AFFIDAVIT

State of Montana)
) ss.
County of Beaverhead)

I, _____, being first duly sworn, upon oath depose and say:

1. I am the plaintiff/petitioner/defendant/respondent in the above-entitled proceeding.
2. I have a good cause of action and am unable to pay the costs or to procure security to secure the same.
3. My true financial situation is reported on the attached indigency questionnaire.

Dated _____, 201__.

AFFIANT

SUBSCRIBED AND SWORN TO before me this _____ day of _____, 201__.

(SEAL)

Notary Public for the State of Montana
Residing at _____
Commission expires _____

ORDER

This application to waive fees is ___granted___ ___denied___.

Dated _____, 201__.

DISTRICT JUDGE

INDIGENCY QUESTIONNAIRE

You must provide information about your financial situation so that the Judge can determine whether you are entitled to have your filing fees waived. Use care in answering the questions. You could be prosecuted for false swearing if you knowingly give false or misleading information.

Name: _____ Dependents:
 Address: _____ Name Age Relationship
 Telephone: _____
 Marital status: Single ___ Married ___ Separated ___ Divorced ___

EMPLOYMENT STATUS AND EARNINGS

1. Are you employed? Yes ___ No ___
 If Yes, by whom? _____ Monthly income: _____
 Address: _____
 Job Title: _____ Supervisor's Name: _____
 Monthly take-home pay is \$ _____

2. Do you receive child support? Yes ___ No ___
 Amount per month: \$ _____

3. Do you or your family currently receive public assistance (i.e. WIC, Food Stamps, AFDC, SSI, etc.) or unemployment compensation? Yes ___ No ___

Description	Monthly Amount
_____	\$ _____
_____	\$ _____

4. Other source(s) of income (i.e. Social Security, rental income, retirement income, etc.)

Description	Monthly Amount
_____	\$ _____
_____	\$ _____

ASSETS

1. Home or other land:

Description	Value
_____	\$ _____
_____	\$ _____

2. Motor vehicles and/or mobile home:

Description	Value
_____	\$ _____
_____	\$ _____
_____	\$ _____

3. Substantial personal belongings (i.e. jewelry, savings bonds, certificates of deposit, bonds, stocks, other:

Description	Value
_____	\$ _____
_____	\$ _____
_____	\$ _____

4. Cash on hand \$ _____

5. Bank accounts, including checking and savings accounts, certificates of deposit, bonds, stocks, other:

Type of Account & Institution	Value
_____	\$ _____
_____	\$ _____

6. Other assets:

Description	Value
_____	\$ _____
_____	\$ _____

MONTHLY OBLIGATIONS

Rent or mortgage payment:	\$ _____	Telephone:	\$ _____
Car payment:	\$ _____	Utilities:	\$ _____
Car insurance:	\$ _____	Gasoline:	\$ _____
Child support &/or child care:	\$ _____	Health insurance:	\$ _____
Clothing (include diapers):	\$ _____	Medical/dental:	\$ _____
Food:	\$ _____	Court fines, etc.:	\$ _____
Other: _____	\$ _____	Other: _____	\$ _____
Total monthly expenses:	\$ _____		

OTHER DEBTS AND OBLIGATIONS

To Whom Owed	Amount
_____	\$ _____
_____	\$ _____
_____	\$ _____

OATH

The undersigned, being duly sworn, deposes and says that he/she is the person named above, that he/she has read the foregoing questions and information and knows them to be true to the best of his/her knowledge, and that if any part of the above is made falsely, the undersigned is subject to prosecution for perjury.

Dated: _____, 201__.

Sign