
Name

Mailing Address

City State Zip Code

Phone Number

E-mail Address (optional)

Co-Petitioner/Co-Plaintiff Co-Respondent/Co-Defendant

Name

Mailing Address

City State Zip Code

Phone Number

E-mail Address (optional)

Co-Petitioner/Co-Plaintiff Co-Respondent/Co-Defendant

MONTANA TWENTY-FIRST JUDICIAL DISTRICT COURT, RAVALLI COUNTY

_____,
Co-Petitioners / Co-Plaintiffs,

and

_____,
Co-Respondents / Co-Defendants.

Cause No. _____
Dept. No. _____

******JOINT******

**AFFIDAVIT OF INABILITY TO PAY
FILING FEES AND OTHER COSTS**

This fee waiver is valid for thirty (30) days from the date of approval by the District Court Judge. In order to receive the benefit of this fee waiver, you must prosecute or defend an action within said thirty (30) days.

STATE OF MONTANA)

:ss.

COUNTY OF RAVALLI)

Our full legal names are: _____, born in this month and year _____; and _____, born in this month and year _____.

1. We have a good cause of action or defense but are unable to pay filing or other court fees.
2. We request the court waive the costs and fees.

3. We understand the court may order us to answer questions about our finances.
 4. We understand if the court waives our fees, we may still have to pay later if we cannot give the court proof of our financial eligibility or if our financial situation improves before this case is over.
 5. We are Married Separated Getting Divorced.
- We are represented by an entity that provides free legal services to low-income persons.

Or

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

Or

We 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? _____ Hourly/Monthly Wage _____

If you are unemployed, when were you last employed (Month, Year)? _____ Where? _____

What does your Spouse/Partner do for work? _____

Spouse/Partner's employer? _____ Hourly/Monthly Wage _____

If unemployed, when was Spouse/Partner's last employment (Month, Year)? _____ Where? _____

What is your household's annual income, before taxes? _____

How many people are in your household? _____

Fill in the chart below with the income received by you and by your partner/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 PARTNER/SPOUSE receives per month before taxes
Employment	\$ _____	\$ _____
Retirement/Pension	\$ _____	\$ _____
Workers' Compensation	\$ _____	\$ _____
Social Security	\$ _____	\$ _____

Unemployment	\$	\$
Government Benefits	\$	\$
Child Support Received	\$	\$
Other Income: _____	\$	\$
Total here:	\$	\$

What is your household size? How many persons, if any, depend on you financially? If none, then write "N/A" below. Please list each person and that person's age and relationship to you:

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

What property do you own?

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: _____	\$

What property does your Spouse/Partner own?

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 partner/spouse jointly pay each month?

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.

Please complete the following:

_____ We prepared all of the pleadings and papers to be filed in this case on our own, and no one has been, or will be, paid on our behalf. We have not paid anyone or any organization for the preparation and processing of these documents or for the forms to be used in this case.

_____ We further declare that We are the persons above named, that We have read the foregoing questions and information and know the same to be true to the best of our knowledge, and that IF ANY PART OF THE ABOVE IS MADE FALSELY, WE ARE SUBJECT TO PROSECUTION FOR PERJURY.

(Signature of Affiant)

Printed Name

SUBSCRIBED AND SWORN TO before me, a notary public, by _____ this _____ day of _____, 20__.

Notary Public for State of Montana
Residing at _____
My Commission Expires: _____

(Signature of Spouse/Partner)

Printed Name

SUBSCRIBED AND SWORN TO before me, a notary public, by
_____ this _____ day of _____, 20__.

Notary Public for State of Montana

Residing at _____

My Commission Expires: _____

HON. _____
District Judge, Dept. No. ____
Twenty-first Judicial District
Ravalli County Courthouse
205 Bedford Street, Suite ____
Hamilton, Montana 59840-2853
Phone (406) 802-7198
Fax (406) 802-7199

MONTANA TWENTY-FIRST JUDICIAL DISTRICT COURT, RAVALLI COUNTY

<p>_____, Co-Petitioners / Co-Plaintiffs, and _____, Co-Respondents / Co-Defendants.</p>	<p>Cause No. _____ Dept. No. _____</p> <p>ORDER ON INABILITY TO PAY FILING FEES AND OTHER COSTS</p>
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Waiver of fees and costs is **Granted**. Co-Petitioners/Co-Plaintiffs or Co-Respondents/Co-Defendants shall proceed without payment of court fees or costs.

TEMPORARY Waiver of fees and costs is **Granted**.

Co-Petitioners/Co-Plaintiffs or Co-Respondents/Co-Defendants may file without payment of court fees or costs, but the Court may determine at a later time that the declarants have the ability to pay all fees or costs and will require declarants to do so.

Waiver of fees and costs is **Denied**. Waiver is denied based on the following:

Dated this ____ day of _____, 20____.

DISTRICT COURT JUDGE