

\_\_\_\_\_  
Name

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

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

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

\_\_\_\_\_  
E-mail Address (optional)

Petitioner/Plaintiff  Respondent/Defendant

MONTANA TWENTY-FIRST JUDICIAL DISTRICT COURT, RAVALLI COUNTY

\_\_\_\_\_,  
Petitioner / Plaintiff,

and

\_\_\_\_\_,  
Respondent / Defendant.

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

Dept. No. \_\_\_\_\_

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

**\*\* IF FILING JOINTLY WITH YOUR PARTNER/SPOUSE - USE JOINT AFFIDAVIT \*\***

*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 )

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

1. I have a good cause of action or defense but am unable to pay filing or other court fees.
2. I request the court waive the costs and fees.
3. I understand the court may order me to answer questions about my finances.
4. I understand if the court waives my fees, I may still have to pay later if I cannot give the court proof of my financial eligibility or if my financial situation improves before this case is over.

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? \_\_\_\_\_ Hourly/Monthly Wage \_\_\_\_\_

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

How many people are in your household? \_\_\_\_\_

**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.*

<b>Income Sources</b>	<b>Amount YOU receive per month before taxes</b>	<b>Amount YOUR SPOUSE receives per month before taxes</b>
Employment	\$	\$
Retirement/Pension	\$	\$
Workers' Compensation	\$	\$
Social Security	\$	\$
Unemployment	\$	\$
Government Benefits	\$	\$
Child Support Received	\$	\$
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. Please list each person and that person's age and relationship to you:

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**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. If you don't own an item listed, write "N/A" in the "Value" column for that item.

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.

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**Please complete the following:**

\_\_\_\_\_ I prepared all of the pleadings and papers to be filed in this case myself, and no one has been, or will be, paid on my behalf. I 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.

\_\_\_\_\_ I further declare that I am the person above named, that I have read the foregoing questions and information and know the same to be true to the best of my knowledge, and that IF ANY PART OF THE ABOVE IS MADE FALSELY, I AM SUBJECT TO PROSECUTION FOR PERJURY.

\_\_\_\_\_  
(Signature of Affiant)

\_\_\_\_\_  
Printed Name

SUBSCRIBED AND SWORN TO before me, a notary public, 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

_____, Petitioner / Plaintiff,  and _____, Respondent / Defendant.	Cause No. _____ Dept. No. _____  <b>ORDER ON INABILITY TO PAY FILING FEES AND OTHER COSTS</b>
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Waiver of fees and costs is **Granted**.  Petitioner/Plaintiff or  Respondent/Defendant shall proceed without payment of court fees or costs.

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

Petitioner/Plaintiff or  Respondent/Defendant may file without payment of court fees or costs, but the Court may determine at a later time that the declarant has the ability to pay all fees or costs and will require declarant 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