

AFFIDAVIT OF INDIGENCE
AND ORDER

ANSWER ALL QUESTIONS. USE N/A IF NOT APPLICABLE

STATE OF MONTANA)
)
) :ss.
County of _____)

I, _____, being first duly sworn, depose and say: That I have a good cause of action or defense but am unable to pay the costs or get security to secure the cause of action or defense. I request the court or administrative tribunal to waive the costs and approve indigence status. I declare the following:

I. PERSONAL INFORMATION

Name _____
Address _____
Telephone _____ Birthdate _____ Age ____ SSN _____
Employed Yes ____ No ____ Self-Employed Yes ____ No ____
Employer's name & address _____

Month last employed _____ Job _____
Single _____ Married _____ Divorced _____ Separated _____
Dependents? Spouse _____ Number of children _____
Spouse's name _____
Spouse's birthdate _____ Age _____ Spouse's SSN _____
Spouse's employer & address _____

Are you sharing expenses with anyone? Yes _____ No _____
Explain _____
Are you sharing income with anyone? Yes _____ No _____
Explain _____

II. INCOME

Income available:
My wages or salary \$ _____ AFDC \$ _____
Other wages/salary \$ _____ Unemployment \$ _____
Workers' Comp \$ _____ SSI \$ _____
Food Stamps \$ _____ Medicaid \$ _____
Pension \$ _____ Retirement \$ _____
Child support \$ _____ Other Income \$ _____
Total Household Income:
Last month \$ _____ Previous 12 months \$ _____

III. ASSETS

- A. Motor vehicles? Yes _____ No _____ How many? _____
Spouse's motor vehicles _____
Is/are vehicle(s) paid for? Yes _____ No _____
If not, how much do you owe? \$ _____
Year, make and model _____
- B. Do you or your spouse own any land or other real estate or are you or your spouse buying any? Yes _____ No _____
What is the approximate value? _____
How much did you pay for it? \$ _____ When? _____
Is it paid for? Yes _____ No _____
If not, how much do you or your spouse owe? _____
- C. Checking accounts? Yes _____ No _____ \$ _____
Savings accounts? Yes _____ No _____ \$ _____
Bank _____
Stocks or bonds? Yes _____ No _____ \$ _____
Wages due but not yet received \$ _____
Money owed to me or my spouse \$ _____
Guns, boats, sporting equipment, trailer, camper, or tools \$ _____
Stereo or TV \$ _____
Furniture & appliances \$ _____
Other personal property \$ _____
Specify: _____

IV. OBLIGATIONS/DEBTS

Do you or your spouse have any outstanding debts or obligations: (specify and list amount): _____

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

Signature of Requestor

SUBSCRIBED AND SWORN TO before me this _____ day of _____, 19____.

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

ORDER

Indigence status is hereby denied/granted.

DATED: _____

Judge/Administrative Officer

Name

Mailing Address

City State Zip Code

Phone Number

E-mail Address (optional)

Appearing without a lawyer

- MONTANA _____ JUDICIAL DISTRICT COURT, _____ COUNTY
- IN THE JUSTICE COURT OF _____ COUNTY, STATE OF MONTANA
- IN THE MUNICIPAL OR CITY COURT OF _____, MONTANA

| | |
|--|--|
| <p>_____ Petitioner / Plaintiff, and _____ Respondent / Defendant.</p> | <p>Case No: _____ <i>(leave blank, the clerk will write in)</i></p> <p>Statement of Inability to Pay Court Costs and Fees</p> |
|--|--|

I have a good cause of action or defense but am unable to pay filing or other court fees. I request the court waive the costs and fees. I provide the following information about my income and expenses.

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

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.)*
[If you checked either box above, skip to the bottom of this form, and sign it. You don't need to fill out pages 2, 3, and 4. If you did not check either box above, you may still qualify for a fee waiver—please continue to fill out pages 2, 3, and 4 of this form so the Court has the information it needs to decide if you qualify for the fee]

waiver.]

I. INCOME

Do you receive any of these benefits *[check the box for each benefit you receive]*?

| |
|---|
| <p>What do you do for work? _____</p> <p>Who is your employer? _____</p> <p>Are you married? <input type="checkbox"/> Yes <input type="checkbox"/> No NOTE: You do not need to provide your spouse's income below if you are not married, if you and your spouse are separated, or if one of you is filing for dissolution of marriage.</p> |
|---|

SNAP TANF SSI Medicaid WIC LIEAP

- *If you checked a box, skip to the bottom of this form, and sign it. You don't need to fill out the rest of this form.*
- If no, then fill in the chart below with the income you receive.
- If you or your spouse don't receive income from a listed source, put a "0" in the blank for that amount per month.

| Income Sources | Gross amount YOU receive per month | Gross amount YOUR SPOUSE receives per month |
|---|---|--|
| Employment | \$ | \$ |
| Investments | \$ | \$ |
| Rental Income | \$ | \$ |
| Retirement | \$ | \$ |
| Workers' Compensation | \$ | \$ |
| Social Security | \$ | \$ |
| Unemployment | \$ | \$ |
| Survivor's Benefits | \$ | \$ |
| Veterans Benefits | \$ | \$ |
| Child Support | \$ | \$ |
| Pension | \$ | \$ |
| A person or agency pays my rent or other monthly expenses | \$ | \$ |

| | | |
|-------------------------------|----|----|
| Other Income--describe: _____ | \$ | \$ |
| Total here: | \$ | \$ |

If you are unemployed, when were you last employed? _____
 Your job? _____

How many persons, if any, depend on you financially? If none, then write 'N/A' below. *[Attach another page if needed.]*

| Initials only, of the person | Age | Relationship to You |
|------------------------------|-----|---------------------|
| | | |
| | | |

II. ASSETS

What property do you own, along with your spouse, if married and not separated and not filing for dissolution? Fill in the chart below, for each item that you could sell for \$600 or more. If you don't own an item listed, write "N/A" in the "Value" column for that item.

| Asset | Value* |
|---|--------|
| Cash, savings and checking | \$ |
| Vehicle 1, provide year, make and model: _____ | \$ |
| Vehicle 2, provide year, make and model: _____ | \$ |
| Home where you live now | \$ |
| Real estate other than home you're living in | \$ |
| Motorcycle/Four wheeler | \$ |
| Snowmobile | \$ |
| Camper/RV | \$ |
| Mobile home (if not the home where you live now) | \$ |
| Guns, collections | \$ |

| | |
|----------------------------------|----|
| Boat/Watercraft | \$ |
| Other Item worth more than \$600 | \$ |

* Value is the amount the item would sell for less the amount you still owe on it, if anything

III. MONTHLY EXPENSES

What bills do you (and your spouse, if married) actually pay each month? Fill in the chart below. If you don't have a monthly expense that's listed in the chart, write "0" in the amount column for that expense.

| Monthly expense: | Amount per Month |
|---|------------------|
| Rent/Mortgage | \$ |
| Utilities (all combined) | \$ |
| Phone (cell/landline) | \$ |
| Vehicle Payments (all combined) | \$ |
| Vehicle Insurance (all combined) | \$ |
| Health insurance | \$ |
| Other health costs, such as prescriptions | \$ |
| Other Insurance | \$ |
| Groceries | \$ |
| Credit card payments actually paid | \$ |
| Child support payments actually paid | \$ |
| Spousal support payments actually paid | \$ |
| School-related expenses | \$ |
| Child care | \$ |
| Wages withheld by court order | \$ |
| Internet/Cablevision/Satellite TV (combined) | \$ |
| Gas for vehicle (or other transportation costs, such as bus fare) | \$ |
| Other monthly bills, describe: _____ | \$ |
| Total here: | \$ |

IV. OTHER INFORMATION -- *optional*

If you have additional information that you want the court to consider about your inability to pay court costs, attach another page called "Additional Information." Check here if you attach another page:

I declare under penalty of perjury and under the laws of the State of Montana that the information in this document is true and correct. I understand that it is a crime to give false information in this document.

Date: _____ City _____ State _____

Signature: _____

- MONTANA _____ JUDICIAL DISTRICT COURT, _____ COUNTY
 IN THE JUSTICE COURT OF _____ COUNTY, STATE OF MONTANA
 IN THE MUNICIPAL OR CITY COURT OF _____, MONTANA

| | |
|---|--|
| _____, Petitioner / Plaintiff, and _____, Respondent / Defendant. | Case No: _____ <i>(leave blank, the clerk will write in)</i> Order Regarding Statement of Inability to Pay Court Costs |
|---|--|

***Warning! Read carefully the section checked below.
 It is a court order.***

- Waiver of court costs is **Granted**. Declarant shall proceed without payment of court fees or costs.
- Temporary Waiver of court costs is **Granted**. Declarant 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.
- Temporary Waiver of fees is **Granted**. Declarant may file without payment of court fees or costs, but must appear before the Court at _____ a.m/p.m. on the _____ day of _____ and show cause why the declarant lacks the ability to pay all fees or costs.

Warning! If this third box is checked, you must come to court on the date ordered above. If you don't come, the judge will deny your request to waive court costs, and you will have to pay the court costs.

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

Ordered this _____ day of _____, 20_____.

 Presiding Judge