
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

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

- SNAP TANF SSI Medicaid WIC LIEAP

- *If you checked a box, skip to the bottom of this form, and sign it. You don't*

What do you do for work? _____

Who is your employer? _____

Are you married? Yes 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.**

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

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