
Name

Mailing Address

City State Zip Code

Phone Number

E-mail

☐ Petitioner/Co-Petitioner 1 ☐ Respondent/Co-Petitioner 2

MONTANA _____ **JUDICIAL DISTRICT COURT,** _____ **COUNTY**

Petitioner/Co-Petitioner 1,

and

Respondent/Co-Petitioner 2

Case No: _____
(leave blank, the clerk will write in)

Statement of Inability to Pay Court Costs and Fees

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

My full legal name is: _____.

Birth month: _____ year: _____.

Choose One:

☐ 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 ☐ LIHEAP

If you checked any one of the three boxes above, skip to the end of this form, and sign the declaration on page 3. You don't need to fill out the remainder of the form.

If you did not check a box above, you may still qualify for a fee waiver. Please continue to fill out pages 2 and 3 of this form so the court has the information it needs to decide if you qualify for the fee waiver.

I. INCOME

What do you do for work? _____ Who is your employer? _____

What is your household's annual income, before taxes? _____ How many people are in your household? ____
(The tables below will help you answer these questions, if you are not sure what to put in the blanks.)

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

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.

Income Sources	Amount YOU receive per month before taxes	Amount YOUR SPOUSE receives per month before taxes
Employment	\$	\$
Retirement/Pension	\$	\$
Workers' Compensation	\$	\$
Social Security	\$	\$
Unemployment	\$	\$
Government Benefits	\$	\$
Child Support Received	\$	\$
A person or agency pays my rent or other monthly expenses and the amount is: _____	\$	\$
Other Income—e.g., rental income, stocks, investments, etc.—describe: _____	\$	\$
Total here:	\$	\$

What is your household size? How many persons, if any, depend on you financially? If none, then write "N/A" below. Attach another page if needed and check here to tell the court you attached another page: ☐

Dependents (Initials Only)	Age	Relationship to You
1.		
2.		
3.		
4.		
5.		

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. Fill in the chart below, only listing items 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. "Value" means the total amount the item(s) identified in a column would sell for, minus the amount you still owe on the item(s), if anything.

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. Check here if you attached another page: ☐

V. DECLARATION *(This Section is Required.)*

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: _____

Your Signature: _____

MONTANA ____ JUDICIAL DISTRICT COURT _____ COUNTY

 Petitioner/Co-Petitioner 1, and Respondent/Co-Petitioner 2	Case No: _____ (leave blank, the clerk will write in) Order Regarding Statement of Inability to Pay Court Costs
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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 or Standing Master