

Name

Address

City/State/Zip Code

Telephone Number

MONTANA \_\_\_\_\_ JUDICIAL DISTRICT COURT, \_\_\_\_\_ COUNTY

\_\_\_\_\_ )  
 )  
 Plaintiff(s), )  
 -vs- ) NO. \_\_\_\_\_ )  
 )  
 Defendant(s). )  
 \_\_\_\_\_ )

**AFFIDAVIT OF INABILITY TO PAY FILING FEES AND OTHER COSTS  
 IN ACCORDANCE WITH 25-10-404 - 406, MCA**

STATE OF MONTANA )  
 ) ss.  
 County of \_\_\_\_\_ )

I, \_\_\_\_\_, being first duly sworn, upon oath depose and say:

1. I am the (petitioner/plaintiff) or (respondent/defendant) in the above-entitled proceeding.
2. I have a good cause of action and am unable to pre-pay the costs or to procure security to secure the same, in accordance with § 25-10-404 - 406, MCA.

DATED this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
 AFFIANT

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

(NOTARY SEAL)

\_\_\_\_\_  
 Notary Public for the State of Montana  
 \_\_\_\_\_  
 Printed Signature  
 Residing at: \_\_\_\_\_  
 My Commission expires: \_\_\_\_\_



be the person whose name is subscribed to the within instrument and acknowledged to me that he/she executed the same.

\_\_\_\_\_  
Notary Public for the State of Montana  
Residing at \_\_\_\_\_.  
My Commission expires \_\_\_\_\_.

COURT USE:

Request Approved \_\_\_\_\_ Denied \_\_\_\_\_ Date \_\_\_\_\_

JUDGE \_\_\_\_\_

MONTANA \_\_\_\_\_ JUDICIAL DISTRICT COURT, \_\_\_\_\_ COUNTY

STATE OF MONTANA )  
 )  
 )  
 Plaintiff(s), )  
-vs- )  
 )  
 )  
 Defendant(s). )  
\_\_\_\_\_ )

NO. \_\_\_\_\_

ORDER ON INABILITY TO PAY  
PAY FILING FEES IN  
ACCORDANCE WITH 25-10-404, MCA

Upon consideration of the Affidavit of Inability to Pay Filing Fees and Other Costs of  
(Petitioner/Plaintiff) or (Respondent/Defendant),

IT IS HEREBY ORDERED that in accordance with 25-10-404 - 406, MCA, all officers of  
the Court shall perform all services herein, including the filing, issuance and service of all pleadings  
and the Court's Orders, without demanding or receiving fees in advance.

DATED this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
DISTRICT JUDGE

**MONTANA DEPARTMENT OF CORRECTIONS**

**CERTIFICATION OF STATEMENT OF ACCOUNT**

I, \_\_\_\_\_, Accounting Technician for the Department of Corrections. do hereby certify that as of today's date \_\_\_\_\_ AO# \_\_\_\_\_ has an account balance of \_\_\_\_\_.

Attached is a statement of the above named individual's account activity and balance.

Signed \_\_\_\_\_ Date \_\_\_\_\_