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Full Name of Party Submitting This Document

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Mailing Address (Street or Post Office Box)

\_\_\_\_\_  
City, State and Zip Code

\_\_\_\_\_  
Telephone Number

IN THE DISTRICT COURT OF THE \_\_\_\_\_ JUDICIAL DISTRICT OF THE STATE OF  
IDAHO, IN AND FOR THE COUNTY OF \_\_\_\_\_

In the Matter of  
  
\_\_\_\_\_  
  
\_\_\_\_\_

Case No.: \_\_\_\_\_

ORDER RE: FEE WAIVER

Having reviewed this Motion and Affidavit for Fee Waiver,  
[ ] THIS COURT ORDERS the waiver of prepaid fees.  
[ ] THIS COURT DENIES the waiver because the Court finds the applicant is not indigent  
pursuant to Idaho Code §31-3220.

Date: \_\_\_\_\_

\_\_\_\_\_  
Judge

CLERK'S CERTIFICATE OF SERVICE - I certify that a copy was served:

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Deputy Clerk