
Full Name of Party Submitting This Document

Mailing Address (Street or Post Office Box)

City, State and Zip Code

Telephone Number

IN THE DISTRICT COURT OF THE FOURTH JUDICIAL DISTRICT
OF THE STATE OF IDAHO, IN AND FOR THE COUNTY OF _____

_____,
Petitioner,
vs.
_____,
Respondent.

Case No.: _____

ORDER RE: PARTIAL PAYMENT OF
COURT FEES (PRISONER)

Having reviewed the [] Petitioner's [] Respondent's Motion and Affidavit for
Partial Payment of Court Fees,

THIS COURT FINDS AND ORDERS:

[] The average monthly deposits in the prisoner's inmate account total
\$_____, the average monthly balance in the prisoner's inmate account during
the last six months has been \$_____; 20% of the greater of these amounts is
\$_____ and must be paid as a partial initial fee at the time of filing. The prisoner shall
make monthly payments of not less than 20% of the preceding month's income credited
to the prisoner's inmate account until the remainder of the court filing fees in the amount
of \$_____ are paid in full. The agency or entity having custody of the prisoner shall
forward payments from the prisoner's inmate account to the clerk of the court each time
the amount in the prisoner's inmate account exceeds ten dollars (\$10.00) until the full
amount is paid

or [] The prisoner has no assets and need not pay any fee at this time. The prisoner
shall make monthly payments of not less than 20% of the preceding month's income

credited to the prisoner's inmate account until the court filing fees in the amount of \$ _____ are paid in full. The agency or entity having custody of the prisoner shall forward payments from the prisoner's inmate account to the clerk of the court each time the amount in the prisoner's inmate account exceeds ten dollars (\$10.00) until the full amount is paid.

or THIS COURT DENIES the motion because
 the prisoner did not comply with all the requirements of Idaho Code §31-3220A , or
 the Court finds the prisoner has the ability to pay the full filing fee at this time.

Date: _____
_____ Judge

CLERK'S CERTIFICATE OF SERVICE

I certify that a copy was served:

To Prisoner:
Name: _____ Hand-delivery
Address: _____ Mailing
City, State, Zip: _____ Fax to (number) _____

To counsel for the county sheriff the department of correction or the private correctional facility:
Name: _____ Hand-delivery
Address: _____ Mailing
City, State, Zip: _____ Fax to (number) _____

Date: _____
_____ Deputy Clerk