
Full Name of Party Filing Document

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City, State and Zip Code

Telephone

Email Address (if any)

IN THE DISTRICT COURT FOR THE _____ JUDICIAL DISTRICT
FOR 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 of this Order was served:

(Name)

☐ By United States mail

☐ By personal delivery

☐ By fax (number) _____

(Street or Post Office Address)

(City, State, and Zip Code)

(Name)

☐ By United States mail

☐ By personal delivery

☐ By fax (number) _____

(Street or Post Office Address)

(City, State, and Zip Code)

Date: _____

Deputy Clerk