
Full Name of Party Filing Document

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City, State and Zip Code

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Email Address (if any)

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

_____ Petitioner, vs. _____ Respondent.	Case No. _____ ORDER RE: FEE WAIVER
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Having reviewed ☐ Petitioner's ☐ Respondent's 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)

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(Name)

☐ By United States mail

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(Street or Post Office Address)

(City, State, and Zip Code)

Date: _____

Deputy Clerk