Full Name of Party Filing Document

Mailing Address (Street or Post Office Box)

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. MOTION AND AFFIDAVIT FOR FEE WAIVER |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ asks to start or defend this case without paying fees, Idaho Code Section 31-3220, and certify:

1. This is an action for (type of case) .
2. I am unable to pay the court costs. I verify that the statements made in this Affidavit are true and correct. I understand that a false statement in this Affidavit is perjury and I could be sent to prison for one to 14 years. The waiver of payment does not prevent the court from later ordering me to pay costs and fees.

(Do not leave any items blank. If any item does not apply, write “N/A”. Attach additional pages if more space is needed for any response.)

**IDENTIFICATION AND RESIDENCE:**

Name: Other name(s) I have used:

Address:

How long at that address? Phone:

Year and place of birth:

Education completed (years):

**FAMILY:**

Marital Status: ⬜ Single ⬜ Married ⬜ Divorced ⬜ Widowed ⬜ Separated

The following minor children live with me:

Name (use initials only) Age Relationship Child Support Received ($/month)

**EMPLOYMENT:**

Occupation: Employed by:

Position: Salary: $ or $ per hour

Monthly gross income $ If your current position is temporary what are the start and end dates?

Phone number to use to verify: If you have held this job less than one year, previous employer: Phone number to use to verify:

Spouse’s Occupation: Employed by:

Position: Salary: $ or $ per hour

Monthly gross income $ If your spouse’s current position is temporary what are the start and end dates?

I receive assistance or support from the following sources and in the following monthly amounts:

Spouse: $ Welfare: $ Food Stamps: $ Relatives: $ Unemployment Compensation: $ Social Security: $ Retirement: $

Former Spouse: $ Other (identify) $

If unemployed, how long since your last regular employment?

List all places where you have applied for work in the last six months:

Company Last Applied Reason for Rejection

Are you willing to work now? What work can you do?

What is the minimum wage for which you are willing to work? $

List all employers you worked for during the last three years.

Company Date Terminated Ending Salary Reason for Termination

Are you capable of working now? ⬜ Yes ⬜ No If no, why not?

If a health problem keeps you from working, provide the name of your treating doctor: . Is your health problem permanent? ⬜ Yes ⬜ No

When will you be released to work?

**ASSETS:**

List all real property (land and buildings) owned or being purchased by you.

#####  Legal Your

##### Address City State Description Value Equity

List all other property owned by you and state its value.

**Description** (provide description for each item) **Value**

#### Cash

#### Notes and Receivable

#### Vehicles

#### Bank/Credit Union/Savings/Checking Accounts

#### Stocks/Bonds/Investments/Certificates of Deposit

#### Trust Funds

#### Retirement Accounts/IRAs/401(k)s

#### Cash Value Insurance

#### Motorcycles/Boats/RVs/Snowmobiles

#### Furniture/Appliances

#### Jewelry/Antiques/Collectibles

#### TVs/Stereos/Computers/Electronics

#### Tools/Equipment

#### Sporting Goods/Guns

#### Horses/Livestock/Tack

#### Other (describe)

**EXPENSES:** (List all of your monthly expenses.)

 **Average**

**Expense**  **Monthly Payment**

#### Rent/House Payment

#### Vehicle Payment(s)

Credit Cards (List last 4 digits of each account number.)

Loans (name of lender and reason for loan)

Electricity/Natural Gas

Water/Sewer/Trash

Phone

Cellular Phone

Cable/Satellite TV/Internet

Groceries

Dining Out

Clothing

Auto Fuel/Transportation

Auto Maintenance

Cosmetics/Haircuts/Salons

Entertainment/Books/Magazines

Home Insurance

Auto Insurance

Life Insurance

**Average**

**Expense (continued) Monthly Payment**

Medical Insurance

Medical Expense

Child Care

Other (describe)

**MISCELLANEOUS:**

How much can you borrow? $ From whom? When did you file your last income tax return? Amount of refund: $

**PERSONAL REFERENCES:** (These persons must be able to verify information provided.)

Name Address Phone Years Known

**CERTIFICATION UNDER PENALTY OF PERJURY**

I certify under penalty of perjury pursuant to the law of the State of Idaho that the foregoing is true and correct.

Date:

Typed/printed Signature