

\_\_\_\_\_  
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.

Address	City	State	Legal Description	Value	Your Equity
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List all other property owned by you and state its value.

Description (provide description for each item)	Value
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Cash	
------	--

Notes and Receivable	
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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	
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Other (describe)	
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**EXPENSES:** (List all of your monthly expenses.)

Expense	Average 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_____	_____

<b>Expense (continued)</b>	<b>Average Monthly Payment</b>
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