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 PERMISSION TO PROCEED ON PARTIAL PAYMENT OF COURT FEES (PRISONER) |

## IMPORTANT NOTICE: Idaho Code § 31-3220A requires that you serve upon counsel for the county sheriff, the department of correction or the private correctional facility, whichever may apply, a copy of this motion and affidavit and any other documents filed in connection with this request. You must file proof of such service with the court when you file this document.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ asks to start or defend this case on partial payment of court fees, and certifies

1. This is an action for (type of case) . I believe I am entitled to get what I am asking for.

2. ⬜ I have not previously brought this claim against the same party or a claim based on the same operative facts in any state or federal court. ⬜ I have filed this claim against the same party or a claim based on the same operative facts in a state or federal court.

3. I am unable to pay all the court costs now. I have attached to this affidavit a current statement of my inmate account, certified by a custodian of inmate accounts, that reflects the activity of the account over my period of incarceration or for the last twelve (12) months, whichever is less.

4. I understand I will be required to pay an initial partial filing fee in the amount of 20% of the greater of: (a) the average monthly deposits to my inmate account or (b) the average monthly balance in my inmate account for the last six (6) months. I also understand that I must pay the remainder of the filing fee by making monthly payments of 20% of the preceding month’s income in my inmate account until the fee is paid in full.

5. I verify that the statements made in this affidavit are true. I understand that a false statement in this affidavit is perjury and I could be sent to prison for an additional fourteen (14) years.

(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:

**DEPENDENTS:**

I am ⬜ single ⬜ married. If married, you must provide the following information:

Name of spouse:

My other dependents including minor children (use only initials and age to identify children) are:

**INCOME:**

Amount of my income: $ per ⬜ week ⬜ month

Other than my inmate account I have outside money from:

My spouse’s income: $ per ⬜ week ⬜ month.

**ASSETS:**

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

##### 

##### Your Legal

##### 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 Receivables

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

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

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 four digits of each account number.)

Loans (name of lender and reason for loan)

Electricity/Natural Gas

Water/Sewer/Trash

Phone

Groceries

Clothing

Auto Fuel

Auto Maintenance

Cosmetics/Haircuts/Salons

Entertainment/Books/Magazines

Home Insurance

**Average**

**Expense**  **Monthly Payment**

Auto Insurance

Life Insurance

Medical Insurance

Medical Expense

Other

**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