

\_\_\_\_\_  
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 \_\_\_\_\_

\_\_\_\_\_,  
Petitioner,  
vs.  
\_\_\_\_\_,  
Respondent.

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.**

☐ Petitioner ☐ Respondent 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 Address	City	State	Legal Description	Value	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_____	_____
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Notes and Receivables_____	_____
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Vehicles_____	_____
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Bank/Credit Union/Savings/Checking Accounts_____	_____
--	-------

Stocks/Bonds/Investments/Certificates of Deposit_____	_____
---	-------

Trust Funds_____	_____
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Retirement Accounts/IRAs/401(k)s_____	_____
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Cash Value Insurance_____	_____
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Motorcycles/Boats/RVs/Snowmobiles_____	_____
--	-------

Furniture/Appliances_____	_____
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Jewelry/Antiques/Collectibles_____	_____
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**Description** (provide description for each item)

TVs/Stereos/Computers/Electronics_____	_____
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Tools/Equipment_____	_____
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Sporting Goods/Guns_____	_____
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Horses/Livestock/Tack_____	_____
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Other (describe)\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

<b>Expense</b>	<b>Average Monthly Payment</b>
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_____	_____

<b>Expense</b>	<b>Average Monthly Payment</b>
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