

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State Zip Code

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Email Address

HUSBAND CO-PETITIONER PRO SE

MONTANA \_\_\_\_\_ JUDICIAL DISTRICT COURT,  
COUNTY

In re the Marriage of:

\_\_\_\_\_,  
Co-Petitioner,

and

\_\_\_\_\_,  
Co-Petitioner.

Dept. No.: \_\_\_\_\_

Cause No.: \_\_\_\_\_

**AFFIDAVIT OF INABILITY TO  
PAY FILING FEES AND OTHER  
COSTS**

**[WRITE CLEARLY -- ANSWER ALL QUESTIONS. USE N/A IF NOT APPLICABLE.]**

STATE OF MONTANA )

:ss.

COUNTY OF \_\_\_\_\_ )

I, \_\_\_\_\_,  
(Your Name)

1. I have a good cause of action or defense and am unable to pay the costs.
2. I request that the Court issue an order waiving prepayment of my fees.
3. I understand the court may order me to answer questions about my finances.
4. I understand if the court waives my fees, I may still have to pay later if I cannot give the court proof of my financial eligibility or if my financial situation improves before this case is over.

I am:

Single \_\_\_\_\_ Married \_\_\_\_\_ Divorced \_\_\_\_\_ Separated \_\_\_\_\_

**5. I am asking the court to waive my fees because I receive (check all that apply):**

- SSI \$ \_\_\_\_\_
- Food stamps \$ \_\_\_\_\_
- TANF (Welfare) \$ \_\_\_\_\_
- Medicaid \$ \_\_\_\_\_

**AND/OR**

The **gross** monthly income **for all household members** (before deduction for taxes) **that I support or who help support me is less than listed in the table below.** I am including all sources of income (such as child support, benefits, unemployment, dividends, interest, business rental income, etc.)

**Mark the box below that describes your household size and income.**

- I am the **only person** living in my household and I make less than \$1,128.00 a month.
- There are **(2) people** living in the household and together we make less than \$1,517.00/month.
- There are **(3) people** living in the household and together we make less than \$1,907.00/month.
- There are **(4) people** living in the household and together we make less than \$2,296.00/month.
- There are **(5) people** living in the household and together we make less than \$2,686.00/month.
- There are **(6) people** living in the household and together we make less than \$3,076.00/month.
- There are **(7) people** living in the household and together we make less than \$3,465.00/month.
- There are **(8) people** living in the household and together we make less than \$3,855.00/month.

Are persons dependent on you for support? Yes \_\_\_\_\_ No \_\_\_\_\_

**If yes, list each person and that person's age and relationship to you:**

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**AND/OR**

I have unusual medical or care expenses or am experiencing an emergency (*describe*):

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**EMPLOYMENT INFORMATION**

Employed: Yes \_\_\_\_\_ No \_\_\_\_\_ Self-Employed: Yes \_\_\_\_\_ No \_\_\_\_\_  
Hourly wage \$ \_\_\_\_\_ Hours you work per week \_\_\_\_\_  
Type of employment \_\_\_\_\_ Length of current Employment \_\_\_\_\_  
Employer's name and address \_\_\_\_\_

Is there any reason, such as disability, family responsibilities, or pursuit of an education, that prevents you from being able to work full-time?

\_\_\_ Yes, please explain: \_\_\_\_\_.

\_\_\_ No.

*Note: You may be asked for documentation before the court makes a decision on granting your request to waive the filing fees.*

If unemployed:

Month/Year last employed \_\_\_\_\_ Last hourly wage \$ \_\_\_\_\_

Why did you leave your last employment? \_\_\_\_\_

**ASSETS**

**REAL ESTATE**

Do you or your spouse own or are you or your spouse buying any land or other real estate?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, what is the approximate current market value? \$ \_\_\_\_\_

What was the purchase price? \$ \_\_\_\_\_

When did you purchase the land or other real estate? \_\_\_\_\_

Is it paid for? Yes \_\_\_\_\_ No \_\_\_\_\_ If not, how much do you or your spouse owe on the land or other real estate? \$ \_\_\_\_\_

**FINANCIAL ACCOUNTS:** Do you or your spouse have:

Checking accounts? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, total amount \$ \_\_\_\_\_

Savings accounts? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, total amount \$ \_\_\_\_\_

List the banks where the accounts are held: \_\_\_\_\_  
\_\_\_\_\_

Do you or your spouse have stocks or bonds? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, what is the total amount of the stocks or bonds \$ \_\_\_\_\_

Do you or your spouse have wages due but not received? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, list total amount \$ \_\_\_\_\_

Is there money owed to you or your spouse? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, total amount owed to you or your spouse \$ \_\_\_\_\_

**MOTOR VEHICLES:** (You must check one box)

**I do not own my own vehicle**

**I own vehicle(s) as listed below:**

<p>1.</p> <hr/> <p>Year    Make            Model</p> <p>Value            \$ _____</p> <p>Loan Balance    \$ _____</p> <p>Monthly Payment \$ _____</p>	<p>2.</p> <hr/> <p>Year    Make            Model</p> <p>Value            \$ _____</p> <p>Loan Balance    \$ _____</p> <p>Monthly Payment \$ _____</p>
<p>3.</p> <hr/> <p>Year    Make            Model</p> <p>Value            \$ _____</p> <p>Loan Balance    \$ _____</p> <p>Monthly Payment \$ _____</p>	<p>4.</p> <hr/> <p>Year    Make            Model</p> <p>Value            \$ _____</p> <p>Loan Balance    \$ _____</p> <p>Monthly Payment \$ _____</p>

**PERSONAL PROPERTY:** Value of your or your spouse's personal property. *Your spouse's personal property value is only included if you have access your spouse's property and could sell that property if you needed to.*

Sporting Equipment \$ \_\_\_\_\_

Guns \$ \_\_\_\_\_

Boats \$ \_\_\_\_\_

Trailers/Campers \$ \_\_\_\_\_

Tools \$ \_\_\_\_\_

Electronics \$ \_\_\_\_\_

Furniture \$ \_\_\_\_\_

Appliances \$ \_\_\_\_\_

Other personal property \$ \_\_\_\_\_ ATV/motorcycles \$ \_\_\_\_\_

Describe and value other personal property you or your spouse own or are buying:

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**MONTHLY EXPENSES**

**List your monthly expenses. Include your spouse's monthly expenses if you are sharing expenses.**

Rent \$ \_\_\_\_\_ House Payment \$ \_\_\_\_\_  
Food \$ \_\_\_\_\_ Clothing \$ \_\_\_\_\_ Phone \$ \_\_\_\_\_  
Utilities: Water \$ \_\_\_\_\_ Gas \$ \_\_\_\_\_ Electric \$ \_\_\_\_\_  
Insurance: Health \$ \_\_\_\_\_ Auto \$ \_\_\_\_\_  
Electronic: Cable \$ \_\_\_\_\_ Satellite TV \$ \_\_\_\_\_ Internet \$ \_\_\_\_\_

Other (List each item):

- 1. \_\_\_\_\_
  - 2. \_\_\_\_\_
  - 3. \_\_\_\_\_
  - 4. \_\_\_\_\_
- 

**DEBTS:**

Credit Card Debt \$ \_\_\_\_\_  
Medical Debt \$ \_\_\_\_\_ --Describe: \_\_\_\_\_

Other (List each item):

- 1. \_\_\_\_\_
  - 2. \_\_\_\_\_
  - 3. \_\_\_\_\_
  - 4. \_\_\_\_\_
- 

**Please complete the following:**

\_\_\_\_\_ I prepared all of the pleadings and papers to be filed in this case myself, and no one has been, or will be, paid on my behalf. I have not paid anyone or any organization for the preparation and processing of these documents or for the forms to be used in this case.

\_\_\_\_\_ I further declare that I am the person above named, that I have read the foregoing questions and information and know the same to be true to the best of my knowledge, and that **IF ANY PART OF THE ABOVE IS MADE FALSELY, I AM SUBJECT TO PROSECUTION FOR PERJURY.**

\_\_\_\_\_  
(Signature of Affiant)

SUBSCRIBED AND SWORN TO before me, a notary public, this

\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public for State of Montana  
Residing at \_\_\_\_\_  
My Commission Expires: \_\_\_\_\_

Hon. \_\_\_\_\_

**MONTANA \_\_\_\_\_ JUDICIAL DISTRICT COURT,  
COUNTY**

<p>In re the Marriage of:</p> <p>_____, Co-Petitioner,</p> <p>and</p> <p>_____, Co-Petitioner.</p>	<p>Dept. No. Cause No.: DR-</p> <p><b>ORDER ON INABILITY TO PAY FILING FEES AND OTHER COSTS</b></p>
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Having considered the information contained in Petitioner’s Affidavit of Inability to Pay Filing Fees and Other Costs, IT IS HEREBY ORDERED that, pursuant to §25-10-404, MCA et seq., all officers of the Court shall perform all services associated with this action, including filing, issuance and service of all pleadings and Court orders, without demanding or receiving fees in advance. Leave to file the Petition expires thirty (30) days from the date of this Order.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

\_\_\_\_\_  
DISTRICT COURT JUDGE