

Name _____

Address _____

City _____ State _____ Zip Code _____

Telephone Number _____

Email Address _____

RESPONDENT PRO SE

**MONTANA _____ JUDICIAL DISTRICT COURT
_____ COUNTY**

In re the Parenting of:

_____ Initials of Minor child(ren).

_____,
Petitioner,

and

_____,
Respondent.

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:

AND/OR

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

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:

1. <hr/> <table><tr><td>Year</td><td>Make</td><td>Model</td></tr><tr><td>Value</td><td>\$</td><td></td></tr><tr><td>Loan Balance</td><td>\$</td><td></td></tr><tr><td>Monthly Payment</td><td>\$</td><td></td></tr></table>	Year	Make	Model	Value	\$		Loan Balance	\$		Monthly Payment	\$		2. <hr/> <table><tr><td>Year</td><td>Make</td><td>Model</td></tr><tr><td>Value</td><td>\$</td><td></td></tr><tr><td>Loan Balance</td><td>\$</td><td></td></tr><tr><td>Monthly Payment</td><td>\$</td><td></td></tr></table>	Year	Make	Model	Value	\$		Loan Balance	\$		Monthly Payment	\$	
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PERSONAL PROPERTY: Value of your or your spouse's personal property:

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:

MONTHLY EXPENSES

List you or your spouse's **monthly** 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. _____
Fourth Judicial District
Missoula County Courthouse
200 West Broadway
Missoula, Montana 59802
(406) 258-4780
Fax (406) 258-4899

**MONTANA FOURTH JUDICIAL DISTRICT COURT,
MISSOULA COUNTY**

<p>In re the Parenting of:</p> <p>_____</p> <p>_____</p> <p style="text-align: center;">Initials of Minor child(ren).</p> <p>_____</p> <p style="text-align: right;">Petitioner,</p> <p>and</p> <p>_____</p> <p style="text-align: right;">Respondent.</p>	<p>Dept. No.</p> <p>Cause No.: DR-</p> <p style="text-align: center;">ORDER ON INABILITY TO PAY FILING FEES AND OTHER COSTS</p>
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Having considered the information contained in Respondent'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 Response to Petition expires thirty (30) days from the date of this Order.

Dated this _____ day of _____, 20 ____.

DISTRICT COURT JUDGE