

My Name _____
Address _____
City, State, Zip _____
Phone _____
E-mail _____

I am the Plaintiff/Petitioner
 Defendant/Respondent
 Attorney for the Plaintiff/Petitioner Defendant/Respondent and my
Utah Bar number is _____

In the District Court of Utah

_____ Judicial District _____ County

Court Address _____

Plaintiff/Petitioner

v.

Defendant/Respondent

Motion and Affidavit to Waive Fees

Case Number _____

Judge _____

Commissioner _____

Instructions: Attach the following:

- Certificate Regarding Inmate Account (Inmates only)
- Financial information described in Paragraph (3), (4), (5), or (6), whichever applies
- Proposed Order on Motion to Waive Fees

(1) I move to waive court fees.

I swear or affirm that:

(2) Due to my poverty, I am unable to bear the expenses of these legal proceedings, and I believe that I am entitled to the relief sought.

- (3) This is a domestic case involving a final or temporary order for alimony, child support, debt division, property division, attorney fees paid by the other party, or modification of those orders in which I have to file a Financial Declaration. I have attached the Financial Declaration required for such cases.
- (4) I receive public assistance under: (check all that apply and attach the financial statement used to qualify for the program)
- Temporary Assistance to Needy Families (TANF); or
 - Supplemental Security Income (SSI); or
 - Medicaid; or
 - General Assistance (GA); or
 - Other _____ (describe);
- and
- The attached financial information is true and correct.
- (5) I am being represented in this action by: (check all that apply and attach the financial statement used to qualify for representation)
- Utah Legal Services, or an attorney designated by Utah Legal Services; or
 - The Legal Aid Society of Salt Lake;
- and
- The attached financial information is true and correct.
- (6) I have attached a Financial Affidavit Supporting Motion to Waive Fees.

I have not included any non-public information in this document.

Date _____ Sign here ► _____
 Typed or printed name _____

I certify that _____, who is known to me or who presented satisfactory identification, has, while in my presence and while under oath or affirmation, voluntarily signed this document and declared that it is true.

Date: _____ Sign here ► _____
 Typed or printed name (Court Clerk or Notary Public) _____

Notary Seal

Certificate of Service

I certify that I served a copy of this Motion and Affidavit to Waive Fees on the following people.

Person's Name	Method of Service	Served at this Address	Served on this Date
(Other Party or Attorney)	<input type="checkbox"/> Mail <input type="checkbox"/> Hand Delivery <input type="checkbox"/> Fax (Person agreed to service by fax.) <input type="checkbox"/> Email (Person agreed to service by email.) <input type="checkbox"/> Left at business (With person in charge or in receptacle for deliveries.) <input type="checkbox"/> Left at home (With person of suitable age and discretion residing there.)		
(Clerk of Court)	<input type="checkbox"/> Mail <input type="checkbox"/> Hand Delivery <input type="checkbox"/> Electronic File		
	<input type="checkbox"/> Mail <input type="checkbox"/> Hand Delivery <input type="checkbox"/> Fax (Person agreed to service by fax.) <input type="checkbox"/> Email (Person agreed to service by email.) <input type="checkbox"/> Left at business (With person in charge or in receptacle for deliveries.) <input type="checkbox"/> Left at home (With person of suitable age and discretion residing there.)		
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Date _____ Sign here ► _____
 Typed or printed name _____

My Name _____
Address _____
City, State, Zip _____
Phone _____
E-mail _____

I am the Plaintiff/Petitioner
 Defendant/Respondent
 Attorney for the Plaintiff/Petitioner Defendant/Respondent and my
Utah Bar number is _____

In the District Justice Court of Utah

_____ Judicial District _____ County

Court Address _____

Plaintiff/Petitioner

v.

Defendant/Respondent

**Financial Affidavit Supporting
Motion to Waive Fees**

Case Number _____

Judge _____

Commissioner _____

Instructions: Attach continuation pages, if needed to complete paragraphs that don't have enough space. Write the paragraph number on the continuation page.)

I swear or affirm that:

- the following information is true and correct; and
- I have omitted nothing that is relevant to my financial status.

(1) Employment Status.

I am employed (including self-employment).

I am unemployed.

(2) Monthly Income.

I have the following monthly income:

Amount	Source of Income
\$	Work (Including self employment, wages, salaries, commissions, bonuses, and tips)
\$	Rental Income
\$	Business Income
\$	Interest and Dividends
\$	Retirement Income (Including pensions, 401(k), IRA, etc.)
\$	Worker's Compensation
\$	Social Security Disability (SSDI and SSI)
\$	Private Disability Insurance
\$	Social Security (Do not include SSDI or SSI)
\$	Unemployment Benefits
\$	Education Benefits
\$	Veteran's Benefits
\$	Alimony
\$	Child Support
\$	Payments from Civil Litigation
\$	Victim Restitution
\$	Public Assistance (Including AFDC, welfare, etc.)
\$	Support from household members
\$	Support from non-household members
\$	Trust Income
\$	Annuity Income
\$	Other (Describe)
\$	Total

I have no income because:

(3) Monthly Deductions.

I have the following deductions from my income:

Amount	Type of Deduction
\$	Federal Income Tax
\$	State Income Tax
\$	FICA
\$	Health Insurance Premiums
\$	Life Insurance Premiums
\$	Union and other dues
\$	Garnishment or Income Withholding Order
\$	Retirement Deposits (Including pensions, 401(k), IRA, etc.)
\$	Other (Describe)
\$	Total

I have no income.

(4) Net Monthly Income. My net monthly income is:

\$	Income (from (5)) minus Deductions (from (6))
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(5) Financial Assets.

I have the following financial assets:

Asset	Holder (Name & Address)	Co-owner (Name & Address) (If co-owner is not a party, use Non-public Information Form for Address)	Current Value
Bank or Credit Union Account Last 4 digits of acct number: _____			\$
Bank or Credit Union Account Last 4 digits of acct number: _____			\$
Stocks, Bonds, Securities, Money Market Fund Last 4 digits of acct number: _____			\$
Stocks, Bonds, Securities, Money Market Fund Last 4 digits of acct number: _____			\$

Asset	Holder (Name & Address)	Co-owner (Name & Address) (If co-owner is not a party, use Non-public Information Form for Address)	Current Value
Money Owed to You			\$
Cash			\$
Other (Describe)			\$

(6) Monthly Expenses. I am personally paying the following monthly expenses:

Amount	Monthly Expense
\$	Rent or mortgage
\$	Food and Household Supplies
\$	Clothing
\$	Transportation (Such as public transportation, automobile payments, insurance, gas, maintenance)
\$	Utilities (Such as electricity, gas, water, sewer, garbage)
\$	Telephone
\$	Credit Card Payments
\$	Loans and Other Debt Payments
\$	Alimony
\$	Child Support
\$	Child Care
\$	Education
\$	Health Care Insurance
\$	Health Care Expenses (Excluding insurance listed above)
\$	Business Expenses
\$	Real Property Taxes
\$	Real Property Insurance
\$	Real Property Maintenance
\$	Other Insurance (Describe)
\$	Entertainment
\$	Laundry and Dry Cleaning
\$	Donations

Amount	Monthly Expense
\$	Gifts
\$	Other (Describe)
\$	Total

(7) Dependents. The following people depend on me for support.

Name (Initials only if under 18)	Age	Relationship

(8) Other. The following facts also show that I am unable to pay the expenses of these legal proceedings.

I have not included any non-public information in this document.

Date _____ Sign here ► _____

Typed or printed name _____

I certify that _____, who is known to me or who presented satisfactory identification, has, while in my presence and while under oath or affirmation, voluntarily signed this document and declared that it is true.

Date: _____ Sign here ► _____

Typed or printed name (Court Clerk or Notary Public) _____

Notary Seal

Certificate of Service

I certify that I served a copy of this Financial Affidavit Supporting Motion to Waive Fees on the following people.

Person's Name	Method of Service	Served at this Address	Served on this Date
(Other Party or Attorney)	<input type="checkbox"/> Mail <input type="checkbox"/> Hand Delivery <input type="checkbox"/> Fax (Person agreed to service by fax.) <input type="checkbox"/> Email (Person agreed to service by email.) <input type="checkbox"/> Left at business (With person in charge or in receptacle for deliveries.) <input type="checkbox"/> Left at home (With person of suitable age and discretion residing there.)		
(Clerk of Court)	<input type="checkbox"/> Mail <input type="checkbox"/> Hand Delivery <input type="checkbox"/> Electronic File		
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Date _____ Sign here ► _____

Typed or printed name _____

In the District Court Justice Court of Utah

_____ Judicial District _____ County

Court Address _____

Plaintiff/Petitioner

v.

Defendant/Respondent

Order on Motion to Waive Fees
(Non-inmates)

Case Number _____

Judge _____

Commissioner _____

Having reviewed the Motion and Affidavit to Waive Fees and supporting financial evidence, and having made an independent determination based on the information,

The Court Orders that:

- (1) The motion is denied. The party must pay all fees associated with this case.
(2) The motion is granted. The following fees are waived in full or in part.

Fee	Waived in Full	Amount of Fee	Amount to be Paid by Party
Filing Fee	<input type="checkbox"/>	\$	\$
OCAP Fee	<input type="checkbox"/>	\$	\$
Divorce Education Fee	<input type="checkbox"/>	\$	\$
Parenting Class	<input type="checkbox"/>	\$	\$
Service Fee	<input type="checkbox"/>	\$	\$
Future fees for writs	<input type="checkbox"/>	\$	\$
Other (Describe)	<input type="checkbox"/>	\$	\$
Other (Describe)	<input type="checkbox"/>	\$	\$

- (3) This order is subject to review and amendment until the final judgment or decree.

Date _____ Sign here ► _____

Recommended by Commissioner _____

Date _____ Sign here ► _____

District Court Judge _____

Certificate of Service

I certify that I served a copy of this Order on Motion to Waive Fees on the following people.

Person's Name	Method of Service	Served at this Address	Served on this Date
(Other Party or Attorney)	<input type="checkbox"/> Mail <input type="checkbox"/> Hand Delivery <input type="checkbox"/> Fax (Person agreed to service by fax.) <input type="checkbox"/> Email (Person agreed to service by email.) <input type="checkbox"/> Left at business (With person in charge or in receptacle for deliveries.) <input type="checkbox"/> Left at home (With person of suitable age and discretion residing there.)		
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Date _____ Sign here ► _____

Typed or printed name _____

My Name _____

Address _____

City, State, Zip _____

Phone _____

Email _____

I am the Plaintiff/Petitioner
 Defendant/Respondent
 Attorney for the Plaintiff/Petitioner Defendant/Respondent and my
Utah Bar number is _____

In the District Court Justice Court of Utah

_____ Judicial District _____ County

Court Address _____

Plaintiff/Petitioner

v.

Defendant/Respondent

**Memorandum Demonstrating
Inability to Pay Fees**

Case Number _____

Judge _____

Commissioner _____

Instructions: You must attach documents supporting your claims.

- (1) I declare under criminal penalty of Utah Code Section 78B-5-705 that: (Check all that apply.)
- I have filed this document within 10 days after receiving the Order on Motion to Waive Fees.
 - I have lost my source of income.
 - I have unaccounted nondiscretionary expenses limiting my ability to pay.
 - I will suffer immediate irreparable harm if the action is unnecessarily delayed.
 - I will lose the cause of action by unnecessary delays associated with securing funds necessary to satisfy the filing fee.
- (2) I have attached documents to support my claims.

I declare under penalty of Utah Code Section 78B-5-705 that everything stated in this document is true and correct.

Date _____ Sign here ► _____

Typed or printed name _____

Certificate of Service			
I certify that I served a copy of this Memorandum Demonstrating Inability to Pay Fees on the following people.			
Person's Name	Method of Service	Served at this Address	Served on this Date
(Other Party or Attorney)	<input type="checkbox"/> Mail <input type="checkbox"/> Hand Delivery <input type="checkbox"/> Fax (Person agreed to service by fax.) <input type="checkbox"/> Email (Person agreed to service by email.) <input type="checkbox"/> Left at business (With person in charge or in receptacle for deliveries.) <input type="checkbox"/> Left at home (With person of suitable age and discretion residing there.)		
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Date _____ Sign here ► _____

Typed or printed name _____