**MONTANA NINETEENTH JUDICIAL DISTRICT COURT, LINCOLN COUNTY**

 Enter Name , No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Petitioner,

 -vs- Financial Affidavit and Request

 Enter Name , for Waiver of Filing Fees.

 Respondent.

The undersigned hereby requests a waiver from the payment of filing fees and, under oath, provides the following financial information:

1. Are you now employed? \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ Self-Employed
2. If employed, name and address of employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. How much do you earn (Net) per month? $\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. If not presently employed, the date of your last employment was \_\_\_\_\_\_\_\_\_\_\_\_\_, and the name of your last employer is: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. Aside from wages, do you receive any other income or benefits? \_\_\_\_\_ Yes \_\_\_\_\_ No. If so, how much do you receive each month in such other income or benefits? $\_\_\_\_\_\_\_\_\_\_\_\_\_\_. Source of other income or benefits: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
6. Do you own a home? \_\_\_\_\_ Yes \_\_\_\_\_ No. If so, what is the value of your home? $\_\_\_\_\_\_\_\_\_\_. How much is owed on your home? $\_\_\_\_\_\_\_\_\_\_\_\_
7. Do you own any other real estate? \_\_\_\_\_ Yes \_\_\_\_\_ No. If so, what is the value of such real estate? $\_\_\_\_\_\_\_\_\_\_\_\_. How much is owed on this property? $\_\_\_\_\_\_\_\_\_\_\_\_\_
8. Do you have any bank or credit union accounts? \_\_\_\_\_ Yes \_\_\_\_\_ No. If so, what are the total balances of such accounts? $\_\_\_\_\_\_\_\_\_\_\_, $\_\_\_\_\_\_\_\_\_\_\_\_, $\_\_\_\_\_\_\_\_\_\_\_.
9. Do you own any vehicles? \_\_\_\_\_ Yes \_\_\_\_\_ No. If so, what the years, makes, values and debts against such vehicles?

Vehicle # 1: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Year/Make $\_\_\_\_\_\_\_\_\_ Value $\_\_\_\_\_\_\_\_\_\_ Owed

Vehicle # 2: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Year/Make $\_\_\_\_\_\_\_\_\_ Value $\_\_\_\_\_\_\_\_\_\_ Owed

1. How many dependents, excluding yourself, do you support? \_\_\_\_\_\_\_\_
2. Please list your monthly expenses:

\_\_\_\_\_\_\_\_\_\_\_\_ House payment/Rent

\_\_\_\_\_\_\_\_\_\_\_\_ Utilities

\_\_\_\_\_\_\_\_\_\_\_\_ Food

\_\_\_\_\_\_\_\_\_\_\_\_ Car Payment

\_\_\_\_\_\_\_\_\_\_\_\_ Transportation (gas, etc)

\_\_\_\_\_\_\_\_\_\_\_\_ Insurance

\_\_\_\_\_\_\_\_\_\_\_\_ Credit Cards

\_\_\_\_\_\_\_\_\_\_\_\_ Other (specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

 $ \_\_\_\_\_\_\_\_\_\_\_ Total Monthly Expenses

1. If you are presently unable to pay the court filing fees, do you believe you will be able to pay the filing fees when this action is resolved?

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

Dated: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Under penalty of perjury, I certify the above to be correct.

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

 Applicant

Subscribed and Sworn to before me this \_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_\_\_.

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

 Notary Public for the State of MT

 Residing at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 My Commission Expires \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_