FORM #89

Name

Address

City

State Zip Code

Phone Number RESPONDENT PRO SE

MONTANA FOURTH JUDICIAL DISTRICT COURT, MINERAL COUNTY

VS.	, Petitioner,
	,
	Respondent.

Dept. _____ Cause No. _____

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

[ANSWER ALL QUESTIONS. USE N/A IF NOT APPLICABLE.]

[NOTE TO CLERK: REMOVE FINAL PAGE AFTER JUDGE SIGNS AND FILE ORDER SEPARATELY]

STATE OF MONTANA) ss:COUNTY OF _____)

I, ______, being first duly sworn, depose and say: That I have a good cause of action or defense but am unable to pay the costs or get security to secure the cause of action or defense. I request the court to waive the costs and approve indigence status. I declare the following:

I.	PERSONAL INFORMATION			
I am the	Plaintiff, Petitioner or Defendant, Respondent in the above proceeding.			
Name				
Address				
	- AFFIDAVIT OF INABILITY TO PAY FILING FEES AND OTHER COSTS AND ORDER District Forms - <i>Pro se</i> Dissolution (Revision Date: 02/08)			

Telephone	Birthdate	Age	e SSN	
Employed: Yes No	Salf Employed: Vac	No	Hourly wage &	
Employed. TesINO	Sent-Employed. Tes	110	filoutity wage \$	
Employer's name and address_ Type of employment	L anoth of our	want amplatin	ant	
Type of employment	Length of cur	rent employn		
If unemployed:				
Month/Year last employed	Last	t hourly wage	\$	
Why did you leave your last en	nployment?			
Why did you leave your last en Single Married	DivorcedSe	eparated		
Are persons dependent on you If yes, list each person and tha				
Spouse's name				
Spouse's name Spouse's: birthdate	Age	SSN		
Spouse's employer and address	<u> </u>			
Are you sharing expenses with If yes, explain				
Are you sharing income with a		No		
Explain				
П.				
Income available:	INCOM	2		
		C ¢		
My wages or salary \$ Other wages or salary \$		<i>د</i> ه		
Unomployment [©]	SSI \$			
Unemployment \$				
Food Stamps \$				
Pension \$		¢		
Child support \$	Other income	\$		
Total household income:				
Last month \$	Previous 12 n	nonths \$		
III.	<u>ASSETS</u>	-		
Do you or your spouse own or YesNoI	f yes, Year, make and mode	el of vehicle(s):	
Is/are vehicle(s) paid for? Yes If not, how much do you or yo	No ur spouse owe? \$			
Do you or your spouse own or	are you or your spouse buy	Jung any land	or other real estate? Yes_	<u> </u>
No If yes, what is	the approximate current ma	arket value? \$		_ What
was the purchase price? \$				
FORM #89 – AFFIDAVIT OF IN	ABILITY TO PAY FILING	FEES		
AND OTHER COS				
4 th Judicial District Forms - <i>Pro s</i>		02/08)		
		,		

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 of					
other real estate? \$					
Do you or your spouse have:					
Checking accounts? Yes No If yes, total amount \$ Savings 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 \$					
If yes, what is the total amount of the stocks of 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 \$					
Value of your or your spouse's personal property:					
Sporting Equipment \$ Guns \$ Boats \$					
Trailers \$ Campers \$ Tools \$					
Stereos \$ TVs \$ Furniture \$					
Sporting Equipment \$Guns \$Boats \$ Trailers \$Campers \$Tools \$ Stereos \$TVs \$Furniture \$ Appliances \$Other personal property \$					
- FF					
Describe and value other personal property you or your spouse own or are buying:					
Do you or your spouse have in your possession or in your house any property worth over \$200.00 that					
belongs to another person? YesNo If yes:					
Type of property:					
Value of property \$					
Name the owner of the property:					
Reason the property is in your possession:					
IV. <u>MONTHLY EXPENSES</u>					
List your or your spouse's monthly expenses:					
Rent or house payment \$					
Clothes \$ Food \$					
Miscellaneous items (List each item) \$					
V. <u>OBLIGATIONS/DEBTS</u>					

Do you or your spouse have any debts or obligations that you owe? Yes_____No_____If yes, describe the debts or obligations and list the amounts:

FORM #89 – AFFIDAVIT OF INABILITY TO PAY FILING FEES AND OTHER COSTS AND ORDER 4th Judicial District Forms - *Pro se* Dissolution (Revision Date: 02/08) Have you sold, given away, or put in the name of another person or entity, or otherwise transferred any property of a value over \$200 within the preceding 12 months? Yes_____ No_____ If yes, describe the property:

Reason for transfer of property:

Please Check one of the following and complete all information:

I have paid or will pay a total of <u>for the</u> preparation or processing of the documents or blank forms that will be filed in this <u>entire</u> case (from the beginning of the case to the end of the case) and agree that an equal amount is to be paid to the Clerk of District Court at the time of the entry of decree or final judgment in this case.

I prepared all of the pleadings and papers to be filed in this case myself, and <u>no one</u> 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.

or

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 ______.

(Notary Seal)

Notary Public for the State of Montana	
Printed Name:	
Residing at	
My Commission Expires	

Hon. _____ Fourth Judicial District Mineral County Courthouse PO Box 129 Superior, Montana 59872 Phone: (406) 882-3538 Fax: (406) 882-3822

MONTANA FOURTH JUDICIAL DISTRICT COURT, MINERAL COUNTY

In re the Marriage of:		
e		Dept. No.
	,	Cause No.: DR-
	Petitioner,	
and		ORDER ON INABILITY TO
		PAY FILING FEES AND
	,	OTHER COSTS
	Respondent.	

Having considered the information contained in [Petitioner's] [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 Petition expires thirty (30) days from the date of this Order.

Dated this _____, 20 ____,

DISTRICT COURT JUDGE