

Name _____

Address _____

City _____ State _____ Zip Code _____

Phone Number _____

RESPONDENT PRO SE

**MONTANA FOURTH JUDICIAL DISTRICT COURT
MINERAL COUNTY**

In re the Parenting of:

minor child(ren);

_____,
Petitioner,

and

_____,
Respondent.

Cause No.: _____

Department No.: _____

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

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

**[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 _____

Telephone _____ Birth date _____ Age _____ SSN _____

Employed: Yes ____ No ____ Self Employed: Yes ____ No ____ Hourly Wage \$ _____

Employer's name and address _____

Type of employment _____ Length of current employment _____

If unemployed:

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

Why did you leave your last employment? _____

Single _____ Married _____ Divorced _____ Separated _____

Are persons dependent on you for support? Yes ____ No ____

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

Spouse's: name _____

Spouse's: birth date _____ Age _____ SSN _____

Spouse's employer and address _____

Are you sharing expenses with anyone? Yes _____ No _____

If yes, explain _____

Are you sharing income with anyone? Yes _____ No _____

If yes, explain _____

II. INCOME

Income available:

My wages or salary \$ _____ AFDC \$ _____

Other wages or salary \$ _____ SSI \$ _____

Unemployment \$ _____ Worker's Comp \$ _____

Food Stamps \$ _____ Medicaid \$ _____

Pension \$ _____ Retirement \$ _____

Child Support \$ _____ Other income \$ _____

Total household income:

Last month \$ _____ Previous 12 months \$ _____

III. ASSETS

Do you or your spouse own or are you or your spouse buying any motor vehicles?

Yes _____ No _____ If yes, Year, make and model of vehicle(s):

Is/are vehicle(s) paid for? Yes _____ No _____

If not, how much do you or your spouse owe? \$ _____

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? \$ _____

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 and 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 \$ _____ Appliances \$ _____
Other personal property \$ _____

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 that belongs to another person? Yes _____ No _____ If yes:

Type of property: _____

Value of property \$ _____

Name of owner of property: _____

Reason the property is in your possession: _____

IV. MONTHLY EXPENSES

List your or your spouse's monthly expenses:

Rent or house payment \$ _____

Clothes \$ _____

Miscellaneous items (List each item) \$ _____

V. OBLIGATIONS/DEBTS

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:

Have you sold, given away, or put in the name of another person or entity, or otherwise transferred any property of a value of \$200 within the preceding 12 months? Yes _____ No _____

If yes, describe the property:

Value of property \$ _____

Name(s) to whom you transferred 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 \$_____ for the preparation or processing of the documents or blank forms that will be filed in this entire 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.

Or

_____ 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 _____, 2007.

(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 Parenting of:

_____,
Minor child(ren).

_____,
Petitioner,

and

_____,
Respondent.

Dept. No.
Cause No.: DR-

**ORDER ON INABILITY TO
PAY FILING FEES AND
OTHER COSTS**

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 _____ day of _____, 20 ____.

DISTRICT COURT JUDGE