

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City/State/Zip Code

\_\_\_\_\_  
Telephone number

\_\_\_\_\_  
Attorney for Petitioner/Respondent

MONTANA EIGHTEENTH JUDICIAL DISTRICT COURT, GALLATIN COUNTY

|                       |   |                                      |
|-----------------------|---|--------------------------------------|
| _____                 | ) | Cause No.: _____                     |
|                       | ) |                                      |
|                       | ) | Judge: _____                         |
|                       | ) |                                      |
| Plaintiff/Petitioner, | ) |                                      |
|                       | ) | <b>AFFIDAVIT OF INABILITY TO PAY</b> |
| and                   | ) | <b>FILING FEES AND OTHER COSTS</b>   |
|                       | ) | <b>AND ORDER</b>                     |
|                       | ) |                                      |
|                       | ) |                                      |
| Defendant/Respondent  | ) |                                      |
| _____                 | ) |                                      |

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

STATE OF MONTANA     )  
  :ss  
County of Gallatin     )

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 indigent status. I declare the following:

**I. PERSONAL INFORMATION**

I am the:     \_\_\_\_\_ Plaintiff     \_\_\_\_\_ Petitioner  
                  \_\_\_\_\_ Defendant, or     \_\_\_\_\_ Respondent in this proceeding

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ (home) \_\_\_\_\_ (work) Birth date: \_\_\_\_\_

SSN: \_\_\_\_\_ Employed: Yes \_\_\_\_\_ No \_\_\_\_\_ Hourly Wage: \_\_\_\_\_

Place and Length of Current Employment: \_\_\_\_\_

Self-Employed: Yes \_\_\_\_\_ No \_\_\_\_\_ Type of Employment: \_\_\_\_\_

IF UNEMPLOYED:

Month/Year last employed: \_\_\_\_\_ Last hourly wage: \_\_\_\_\_

Why did you leave your last employment?

Are you: 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 employment/employer's 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

My wages or salary? \$ \_\_\_\_\_ per week \_\_\_\_\_ month \_\_\_\_\_ year \_\_\_\_\_

Other wages or salary? \$ \_\_\_\_\_ per week \_\_\_\_\_ month \_\_\_\_\_ year \_\_\_\_\_

AFDC \$ \_\_\_\_\_ SSI \$ \_\_\_\_\_

Unemployment \$ \_\_\_\_\_ Workers' Comp \$ \_\_\_\_\_

Medicaid \$ \_\_\_\_\_ Food Stamps \$ \_\_\_\_\_

Pension \$ \_\_\_\_\_ Retirement \$ \_\_\_\_\_

Child Support \$ \_\_\_\_\_ Other \$ \_\_\_\_\_

Total Household Income:

Last month \$ \_\_\_\_\_ Previous 12 months \$ \_\_\_\_\_

## III. ASSETS

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

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, year, make and model of vehicle(s): \_\_\_\_\_

Do you and/or your spouse own, or are you and/or your spouse buying any land or other real estate? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, what is the approximate current market value? \$ \_\_\_\_\_

When did you purchase the land or other real estate? \$ \_\_\_\_\_

What was the purchase price? \$ \_\_\_\_\_

Do you and/or your spouse have:

Checking account(s)? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, total amount \$ \_\_\_\_\_

Savings account(s)? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, total amount \$ \_\_\_\_\_

List the bank(s) where the accounts are held: \_\_\_\_\_

Do you and/or your spouse have stock or bonds? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, total amount of stocks and/or bonds \$ \_\_\_\_\_

Do you and/or your spouse have wages due but not received? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, list total amount of wages due \$ \_\_\_\_\_

Is there money owed to you and/or your spouse? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, list total money owed \$ \_\_\_\_\_

Value of you and/or your spouse's personal property:

Sporting equipment: \$ \_\_\_\_\_ Gun(s) \$ \_\_\_\_\_

Trailer(s): \$ \_\_\_\_\_ Boat(s) \$ \_\_\_\_\_

Camper(s): \$ \_\_\_\_\_ Tools \$ \_\_\_\_\_

Stereo(s) \$ \_\_\_\_\_ Television(s) \$ \_\_\_\_\_

Furniture \$ \_\_\_\_\_ Appliances \$ \_\_\_\_\_

Describe and value other personal property you and/or your spouse own or are buying: \_\_\_\_\_

Do you and/or your spouse have in your possession or in your home any property worth over \$200.00 that belongs to another person? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes:

Type of property: \_\_\_\_\_

Value of property: \$ \_\_\_\_\_

Owner of property: \_\_\_\_\_

Reason the property is in your possession: \_\_\_\_\_

#### **IV. MONTHLY EXPENSES**

List you and/or your spouse's monthly expenses:

Rent/house payment \$ \_\_\_\_\_

Utilities \$ \_\_\_\_\_ Food \$ \_\_\_\_\_

Clothing \$ \_\_\_\_\_ Medical \$ \_\_\_\_\_

Automobile \$ \_\_\_\_\_ Other \$ \_\_\_\_\_

#### **V. OBLIGATIONS/DEBTS**

Do you and/or your spouse have any debts, obligations that you owe?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, describe the debts obligations and list the amounts: \_\_\_\_\_

Value of the property \$ \_\_\_\_\_

Name/entity to whom/which the property was transferred:

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).

**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.

DATED this \_\_\_\_\_ day of \_\_\_\_\_, 201\_\_\_\_.

\_\_\_\_\_  
Signature of Affiant

\_\_\_\_\_  
Print Name

Subscribed and sworn to before me, a notary public, this \_\_\_\_\_ day of \_\_\_\_\_, 201\_\_\_\_.

Notary signature: \_\_\_\_\_

Notary (printed name): \_\_\_\_\_

Notary Public for the State of Montana

Residing at \_\_\_\_\_, Montana

My commission expires \_\_\_\_\_

(Notarial Seal)

**ORDER**

Indigence status is hereby:

\_\_\_\_\_ DENIED

\_\_\_\_\_ GRANTED

Leave to file Petition/Complaint expires thirty (30) days from the date of this Order.

DATED this \_\_\_\_\_ day of \_\_\_\_\_, 201\_\_\_\_.

\_\_\_\_\_  
DISTRICT JUDGE