

IN THE JUSTICE COURT, DEPARTMENTS ONE AND TWO, OF THE STATE OF MONTANA IN AND FOR THE  
 COUNTY OF GALLATIN, BEFORE RICK WEST / BRYAN ADAMS, JUSTICES OF THE PEACE

615 SO. 16<sup>TH</sup> AVENUE, ROOM 168, BOZEMAN, MT 59715

406-582-2191

\* \* \* \* \*

\_\_\_\_\_) )  
 \_\_\_\_\_) )  
 Plaintiff(s) ) )  
 -vs- ) )  
 \_\_\_\_\_) )  
 \_\_\_\_\_) )  
 Defendant(s) ) )

Case No. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**IN FORMA PAUPERIS**

**AFFIDAVIT**

\_\_\_\_\_, declares that in the above entitled action, \_\_\_\_\_  
 (Name) (Name)

has a good cause of action: that he/she is without funds (as per attached) and is unable to pay the costs of filing and service of this action or to procure security to secure the same and makes this Affidavit so that he/she may be permitted to action without prepaying the filing fees pursuant to the provisions of §25-31-113, M.C.A.

**I declare under penalty of perjury and under the laws of the State of Montana that the information in this document is true and correct. I understand that it is a crime to give false information in this document.**

\_\_\_\_\_  
 Date and place (city, state)

\_\_\_\_\_  
 Signature

**ORDER**

An In Forma Pauperis Affidavit having been filed by the above applicant and in good cause appearing; it is ORDERED:

**Granted** - Applicant may proceed without prepayment of filing and service in this action.

**Denied** - Applicant must pay all fees required with this case. \_\_\_\_\_

DATED this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
 JUSTICE OF THE PEACE

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\_\_\_\_\_) )  
 Applicant \_\_\_\_\_) )  
 \_\_\_\_\_) )  
 Address \_\_\_\_\_) )  
 \_\_\_\_\_) )  
 City, State Zip \_\_\_\_\_) )  
 \_\_\_\_\_) )  
 Phone Number \_\_\_\_\_)

Case No. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**FINANCIAL DATA FOR  
 IN FORMA PAUPERIS  
 APPLICATION**

DOB: \_\_\_\_\_ Age: \_\_\_\_\_ # of Dependents: \_\_\_\_\_ Date last employed: \_\_\_\_\_  
 Your employer: \_\_\_\_\_ Your spouse's employer: \_\_\_\_\_

| <u>Income Sources</u>  | <u>Amount YOU receive<br/>per month before taxes</u> | <u>Amount YOUR SPOUSE<br/>receives per month before taxes</u> |
|--|--|---|
| Employment   | \$ _____   | \$ _____  |
| Retirement/Pension   | \$ _____   | \$ _____  |
| Workers' Compensation  | \$ _____   | \$ _____  |
| Social Security  | \$ _____   | \$ _____  |
| Unemployment   | \$ _____   | \$ _____  |
| Government Benefits  | \$ _____   | \$ _____  |
| Child Support Received   | \$ _____   | \$ _____  |
| A person or agency pays my rent or other monthly<br>expenses and the amount is: \$ _____ | \$ _____   | \$ _____  |
| Other Income—e.g., rental income, stocks,<br>investments, etc.—describe: _____           | \$ _____   | \$ _____  |
| <b>Total Income:</b>   | \$ _____   | \$ _____  |

| <u>Assets</u>  | <u>Value</u> |
|--|--------------|
| Cash (This includes the money in your savings and checking accounts)                   | \$ _____     |
| Vehicle 1: provide year, make and model _____  | \$ _____     |
| Vehicle 2: provide year, make and model _____  | \$ _____     |
| Home where you live now  | \$ _____     |
| Real estate or other homes/mobile homes (Not including the home you are living in now) | \$ _____     |
| Recreational vehicle(s) such as snowmobile, ATV, camper/RV, boat, motorcycle, etc.     | \$ _____     |
| Guns or other collections  | \$ _____     |
| Other Item(s) worth more than \$600—describe: _____                                    | \$ _____     |
| <b>Total Assets:</b>   | \$ _____     |

| <u>Monthly Expenses</u>  | <u>Value</u> |
|--|--------------|
| Housing Expense: Mortgage or Rent  | \$ _____     |
| General Household Expenses: Utilities, Phone/Internet/Cable, etc.                        | \$ _____     |
| Insurance Expenses, Healthcare Costs and/or Medical Debt(s)                              | \$ _____     |
| Childcare Expenses   | \$ _____     |
| Other Extraordinary Expenses: e.g., Collection actions, Student Loans—describe:<br>_____ | \$ _____     |
| <b>Total Expenses:</b>   | \$ _____     |

I do solemnly swear **UNDER PENALTY OF PERJURY** that the statements in this application are true and that I have fully disclosed my assets. I am financially unable to employ an attorney. I understand that I may be required to pay all or a portion of the compensation and expenses incurred by my court appointed counsel if I am convicted of the pending charges and am able to do so.

\_\_\_\_\_  
 Date and place (city, state)

\_\_\_\_\_  
 Signature