

\_\_\_\_\_  
Full Name of Party Submitting This Document

\_\_\_\_\_  
Mailing Address (Street or Post Office Box)

\_\_\_\_\_  
City, State and Zip Code

\_\_\_\_\_  
Telephone Number

IN THE DISTRICT COURT OF THE \_\_\_\_\_ JUDICIAL DISTRICT OF THE STATE OF  
IDAHO, IN AND FOR THE COUNTY OF \_\_\_\_\_

\_\_\_\_\_,  
Plaintiff,  
vs.  
\_\_\_\_\_,  
Defendant.

Case No.: \_\_\_\_\_

ORDER RE: FEE WAIVER

Having reviewed  Plaintiff's  Defendant's Motion and Affidavit for Fee Waiver,  
 THIS COURT ORDERS the waiver of prepaid fees.  
 THIS COURT DENIES the waiver because the Court finds the applicant is not indigent  
pursuant to Idaho Code §31-3220.

Date: \_\_\_\_\_

\_\_\_\_\_  
Judge

CLERK'S CERTIFICATE OF SERVICE - I certify that a copy was served:

TO: Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_

Hand-delivery  
 Mailing  
 Fax to (number)

\_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_  
Deputy Clerk