
Full Name of Party Filing 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.: _____

MOTION AND AFFIDAVIT FOR
PERMISSION TO PROCEED ON PARTIAL
PAYMENT OF COURT FEES (PRISONER)

IMPORTANT NOTICE: Idaho Code § 31-3220A requires that you serve upon counsel for the county sheriff, the department of correction or the private correctional facility, whichever may apply, a copy of this motion and affidavit and any other documents filed in connection with this request. You must file proof of such service with the court when you file this document.

STATE OF IDAHO)
) ss.
County of _____)

[] Plaintiff [] Defendant asks to start or defend this case on partial payment of court fees, and swears under oath

1. This is an action for (type of case) _____ . I believe I'm entitled to get what I am asking for.

2. I have not previously brought this claim against the same party or a claim based on the same operative facts in any state or federal court. I have filed this claim against the same party or a claim based on the same operative facts in a state or federal court.

3. I am unable to pay all the court costs now. I have attached to this affidavit a current statement of my inmate account, certified by a custodian of inmate accounts, that reflects the activity of the account over my period of incarceration or for the last twelve (12) months, whichever is less.

4. I understand I will be required to pay an initial partial filing fee in the amount of 20% of the greater of: (a) the average monthly deposits to my inmate account or (b) the average monthly balance in my inmate account for the last six (6) months. I also understand that I must pay the remainder of the filing fee by making monthly payments of 20% of the preceding month's income in my inmate account until the fee is paid in full.

5. I verify that the statements made in this affidavit are true. I understand that a false statement in this affidavit is perjury and I could be sent to prison for an additional fourteen (14) years.

Do not leave any items blank. If any item does not apply, write "N/A". Attach additional pages if more space is needed for any response.

IDENTIFICATION AND RESIDENCE:

Name: _____ Other name(s) I have used: _____

Address: _____

How long at that address? _____ Phone: _____

Date and place of birth: _____

DEPENDENTS:

I am single married. If married, you must provide the following information:

Name of spouse: _____

My other dependents (including minor children) are: _____

INCOME:

Amount of my income: \$ _____ per [] week [] month

Other than my inmate account I have outside money from: _____

My spouse's income: \$ _____ per [] week [] month.

ASSETS:

List all real property (land and buildings) owned or being purchased by you.

Your Address	City	State	Legal Description	Value	Equity
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List all other property owned by you and state its value.

Description (provide description for each item)	Value
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Cash

Notes and Receivables

Vehicles:

Bank/Credit Union/Savings/Checking Accounts

Stocks/Bonds/Investments/Certificates of Deposit

Trust Funds

Retirement Accounts/IRAs/401(k)s

Cash Value Insurance

Motorcycles/Boats/RVs/Snowmobiles:

Furniture/Appliances

Jewelry/Antiques/Collectibles

Description (provide description for each item)

Value

TVs/Stereos/Computers/Electronics

Tools/Equipment

Sporting Goods/Guns

Horses/Livestock/Tack

Other (*describe*)

EXPENSES: List all of your monthly expenses.

Expense

**Average
Monthly Payment**

Rent/House Payment

Vehicle Payment(s)

Credit Cards: (list each account number)

Loans: (name of lender and reason for loan)

Electricity/Natural Gas

Water/Sewer/Trash

Phone

Groceries

Clothing

Auto Fuel

Auto Maintenance

Cosmetics/Haircuts/Salons

Entertainment/Books/Magazines

Home Insurance

Expense	Average Monthly Payment
Auto Insurance	
Life Insurance	
Medical Insurance	
Medical Expense	
Other	

MISCELLANEOUS:

How much can you borrow? \$ _____ From whom? _____

When did you file your last income tax return? _____ Amount of refund: \$ _____

PERSONAL REFERENCES: (These persons must be able to verify information provided)

Name	Address	Phone	Years Known

Signature

Typed or Printed Name

SUBSCRIBED AND SWORN TO before me this _____ day of _____, 20__.

Notary Public for Idaho
Residing at _____
My Commission expires _____