
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 FEE
WAIVER

STATE OF IDAHO)
) ss.
County of _____)

[] Plaintiff [] Defendant asks to start or defend this case without paying fees, Idaho Code Section 31-3220, and swears under oath:

1. This is an action for (type of case) _____.
2. I am unable to pay the court costs. I verify that the statements made in this Affidavit are true and correct. I understand that a false statement in this Affidavit is perjury and I could be sent to prison for one to 14 years. The waiver of payment does not prevent the court from later ordering me to pay costs and fees.

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: _____

Education completed (years): _____

FAMILY:

Marital Status: Single Married Divorced Widowed Separated

The following minor children live with me:

Name	Age	Relationship	Child Support Received (\$/month)
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

EMPLOYMENT:

Occupation: _____ Employed by: _____

Position: _____ Salary: \$ _____ or \$ _____ per hour

Monthly gross income \$ _____. If your current position is temporary what are the start and end dates? _____

Phone number to use to verify: _____. If you have held this job less than one year, previous employer: _____.

Phone number to use to verify: _____.

Spouse's Occupation: _____ Employed by: _____

Position: _____ Salary: \$ _____ or \$ _____ per hour

Monthly gross income \$ _____. If your spouse's current position is temporary what are the start and end dates? _____

I receive assistance or support from the following sources and in the following monthly amounts:

Spouse: \$ _____ Welfare: \$ _____ Food Stamps: \$ _____ Relatives: \$ _____

Unemployment Compensation: \$ _____ Social Security: \$ _____ Retirement: \$ _____

Former Spouse: \$ _____ Other (identify) _____ \$ _____

If unemployed, how long since your last regular employment? _____

List all places where you have applied for work in the last six months:

Company	Last Applied	Reason for Rejection
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Are you willing to work now? _____ What work can you do? _____

What is the minimum wage for which you are willing to work? \$ _____

List all employers you worked for during the last three years.

Company	Date Terminated	Ending Salary	Reason for Termination
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Are you capable of working now? [] Yes [] No If no, why not? _____

If a health problem keeps you from working, provide the name of your treating doctor: _____
_____. Is your health problem permanent? [] Yes [] No

When will you be released to work? _____

ASSETS:

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

Address	City	State	Legal Description	Value	Your 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 _____

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 last 4 digits of each account number)	
Loans: (name of lender and reason for loan)	
(Loans)	
Electricity/Natural Gas	
Water/Sewer/Trash	
Phone	
Cellular Phone	
Cable/Satellite TV/Internet	
Groceries	
Dining Out	
Clothing	
Auto Fuel/Transportation	
Auto Maintenance	
Cosmetics/Haircuts/Salons	
Entertainment/Books/Magazines	
Home Insurance	
Auto Insurance	
Life Insurance	

Expense (continued)

**Average
Monthly Payment**

Medical Insurance _____

Medical Expense _____

Child Care _____

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/Printed Name

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

Notary Public for Idaho
Residing at _____
My Commission expires _____