

\_\_\_\_\_  
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 \_\_\_\_\_

In the Matter of

\_\_\_\_\_,

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

MOTION AND AFFIDAVIT FOR FEE  
WAIVER

STATE OF IDAHO            )  
  ) ss.  
County of \_\_\_\_\_)

\_\_\_\_\_ 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.

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

<b>Description</b> (provide description for each item)	<b>Value</b>
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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.

<b>Expense</b>	<b>Average Monthly Payment</b>
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
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_____	_____	_____	_____
_____	_____	_____	_____

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Typed/Printed Name

SUBSCRIBED AND SWORN TO before me this \_\_\_\_\_ day of \_\_\_\_\_,  
20\_\_\_\_.

\_\_\_\_\_  
Notary Public for Idaho

Residing at \_\_\_\_\_

My Commission expires \_\_\_\_\_