

Circuit Court for _____ Case No. _____

City or County

Name

Name

Street Address

Apt. #

vs.

Street Address

Apt. #

City State Zip Code () Area Code Telephone

City State Zip Code () Area Code Telephone

Plaintiff

Defendant

MOTION FOR WAIVER OF PREPAYMENT OF FILING FEES AND OTHER COURT COSTS (Dom.Rel. 32)

I, _____, representing myself, state that: My name

1. I wish to file the form(s) entitled _____, which I have completed and attached. Name(s) of Forms

2. I am currently unable to prepay filing fees and other court costs because of poverty.

3. The answers to the following questions are true:

- (a) Do you have any money? How much? Where?
(b) Are you employed? Where? Position
(c) Are you self-employed? Doing what?
(d) What is your rate of pay?
(e) Do you own an automobile? Make Year? Is it paid for? How much do you owe? To whom?
(f) Do you owe any money to others? How much? To whom?
(g) Do you own real estate? Value? Where?
(h) Do you own any other property of any kind? What?
(i) Does anyone owe you money? If so, state name, address and amount
(j) Do you receive money from any other source, including disability benefits, investments? If so, how much?
(k) If married, give the name and address of your wife/husband
Does your wife/husband work? Where? Rate of pay

4. Other facts (if any) concerning my inability to prepay filing fees and other costs are, _____

FOR THESE REASONS, I request waiver of prepayment of filing fees and othr court costs and any other appropriate relief.

I solemnly affirm under the penalties of perjury that the contents of the foregoing paper are true to the best of my knowledge, information, and belief.

Date

Name

Circuit Court for _____ Case No. _____
City or County

Name of Plaintiff

Name of Defendant

ORDER
(Order to be completed by Court)

This Court grants the foregoing Motionn.

Judge

Date