
Full Name of Party Filing Document

Mailing Address (Street or Post Office Box)

City, State and Zip Code

Telephone

Email Address (if any)

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

_____,
Plaintiff,
vs.
_____,
Defendant.

Case No. _____

MOTION AND AFFIDAVIT FOR FEE
WAIVER

Plaintiff Defendant asks to start or defend this case without paying fees, Idaho Code Section 31-3220, and certify:

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: _____

Year and place of birth: _____

Education completed (years): _____

FAMILY:

Marital Status: Single Married Divorced Widowed Separated

The following minor children live with me:

Name (use initials only)	Age	Relationship	Child Support Received (\$/month)
--------------------------	-----	--------------	-----------------------------------

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

List all other property owned by you and state its value.

Description (provide description for each item)	Value
Cash _____	_____
Notes and Receivable _____	_____
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)	
_____	_____
_____	_____
_____	_____
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 (describe) _____	_____
_____	_____
_____	_____

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
_____	_____	_____	_____
_____	_____	_____	_____

CERTIFICATION UNDER PENALTY OF PERJURY

I certify under penalty of perjury pursuant to the law of the State of Idaho that the foregoing is true and correct.

Date: _____

Typed/printed

Signature