

IN THE DISTRICT/SUPERIOR COURT FOR THE STATE OF ALASKA
AT _____

)	
)	
Plaintiff,)	
vs.)	
)	CASE NO. _____
)	
Defendant.)	
)	

**REQUEST FOR EXEMPTION FROM
PAYMENT OF FEES, AND ORDER**

I, _____, request exemption from payment of the following fees due to my financial inability to pay (select only one):

- Admin. Rule 9(f)(1) filing, certifying, and court copying fees; or
- Admin. Rule 12(e)(2) Servicemembers Civil Relief Act attorneys fees.

FINANCIAL STATEMENT

Phone: _____ Date of Birth: _____

Residence Address: _____

Mailing Address: _____

Present Employer: _____
(If not now employed, state last employer and date terminated)

Employer's Address: _____	Employer's Phone: _____
_____	_____

1. *INCOME INFORMATION* (after taxes, but before other deductions):

	<u>You</u>	<u>Your Spouse</u>
a. Income during last 12 months:		
Wages	_____	_____
Public Assistance	_____	_____
Unemployment	_____	_____
Other _____	_____	_____
(Specify)		
TOTAL:	_____	_____
b. Current monthly income from all sources:	_____	_____

2. *FAMILY MONTHLY EXPENSES:*

Food	_____
Rent	_____
Utilities	_____
Car payments	_____
Furniture & Equipment payments	_____
Child support or alimony	_____
Loans/Time payments	_____
TOTAL EXPENSES:	_____

3. **FAMILY ASSETS** (present value):
 Cash on hand or in bank _____
 Land, bldgs, trailers _____
 Cars _____
 Snow machines, boats
 airplanes or other
 motor vehicles
 (except cars) _____
 Securities: stocks,
 bonds, notes _____
 Businesses _____
 Other Assets:

TOTAL ASSETS: _____

4. **FAMILY DEBTS:**
 Mortgage _____
 Loans _____
 Charge cards _____
 Other (bills, etc.):

TOTAL DEBT: _____

4. **DEPENDENTS:** Name Age Relationship

I swear or affirm that this financial statement is true. I understand that if I give false information in the financial statement, I may be prosecuted for perjury.

_____ Date _____ Signature of Plaintiff/Defendant

Subscribed and sworn to or affirmed before me at _____, Alaska
 on _____
 (date)

(SEAL) _____
 Notary Public/Judge/Court Clerk
 My Commission Expires: _____

ORDER

It is ordered that the request for exemption from payment of the following fees is:

- GRANTED. Plaintiff/defendant is exempted from paying the following fees (select one):
 - Admin. Rule 9(f)(1) filing, certifying and court copying fees; or
 - Admin. Rule 12(e)(2) Servicemembers Civil Relief Act attorneys fees.
- DENIED. Any fees now due in this case must be paid before any further action is taken. If payment is not made within 30 days after notice of the order, the court may dismiss the action. Admin. Rule 10(d).

_____ Date _____ Judge/Magistrate

I certify that on _____ a copy of this order was sent to: _____
 Type or Print Name

Clerk: _____