

Checklist for Fee Waiver

- You must complete a form before you file it. These instructions will help you complete the forms.
- If you still have difficulty after reading these instructions, contact the Self Help Center. See <http://www.utcourts.gov/selfhelp/contact/>.
- The judicial services representative cannot complete a form for you.
 - Attach a copy of any document referred to in the form.
 - Keep a copy of all documents for your records.
 - Attend all court hearings.
 - Some forms may not apply in your case.
 - Check with your court about local requirements.

(1) Motion to Waive Fees

- Print your name and contact information at the top of the first page. Check whether you are the plaintiff/petitioner or defendant/respondent or the attorney for the plaintiff/petitioner or defendant/respondent.
- Complete the heading exactly as it appears in the Complaint/Petition.
- Paragraph (1): Check the correct boxes for the fees that you want the court to waive.
- Paragraph (2): Paragraph (2) is required. Make sure that it is true before signing the motion.
- Paragraph (3): You must attach the financial affidavit with this motion.
- Date and sign the form.
- Attach the financial affidavit and proposed order to the motion.
- You do not need to serve the motion and attachments on the other parties.
- File the motion and attachments with the judicial services representative.

(2) Financial Affidavit Supporting Motion to Waive Fees

- Print your name and contact information at the top of the first page. Check whether you are the plaintiff/petitioner or defendant/respondent.
- Complete the heading exactly as it appears in the Complaint/Petition.
- Complete the entire form, describing your assets, obligations, income, expenses and credit in detail.

- Paragraph (1): If you are unemployed, check the box and explain why. If you are employed, complete the information about your employer. If you have more than one employer, complete the information for each.
- Paragraph (2) Print the required information about your dependents.
- Paragraph (3): If you do not have any income, explain why. Otherwise, print the gross monthly amount you receive from each source of income that applies to you. Gross income means the amount you are paid before any deductions are taken from your pay. For income amounts that change from month to month, calculate the annual total and divide by 12 months to list a monthly amount. Leave blank any items that do not apply to you. Use the “other” line to disclose sources of income that are not listed and describe briefly that type of income. Add the amounts and print your total gross monthly income.
- Paragraph (4): Print the amount of your monthly tax deductions according to the type of deduction. These are deductions required by law and which you do not make voluntarily. There may be other funds withheld automatically from your paycheck that you will report in Paragraph (6), Monthly Expenses. Add the amounts and print your total monthly deductions.
- Paragraph (5): Print the total gross monthly income amount listed in Paragraph (3) and the total monthly tax deductions amount listed in Paragraph (4). Then subtract the amount in Paragraph (4) from the amount in Paragraph (3) Print the answer under “Disposable Monthly Income.”
- Paragraph (6): Print the amount for monthly expenses that you have and leave blank any expenses that you do not have. If the expense varies from month to month, calculate the annual total and divide by 12 months and print the monthly amount. Add the items listed and print the a total monthly amount.
- Paragraph (7): Complete this paragraph if you own any financial assets like a bank account or stocks, bonds or a money market account.
 - Print the name and address of the institution holding the asset, like the name and address of the bank where your money is. Print the names on the account if you own it with someone else. Print the current value of the account.
 - If money is owed to you, print the amount owed.
 - If you have cash, print the amount you have.
 - Report and describe any other money asset you might own.
- Paragraph (8): Complete this paragraph if you own real property (for example, a house or land). Print the address of the house you own, whose name(s) are on the title, the amount you paid for the house, and the current value of the house. If there are mortgages, you must list them, the amount owed to the mortgagor, and the amount of monthly payments you make on the mortgage.
- Paragraph (9): Complete this paragraph if you own personal property like motor vehicles including cars, trucks, motorcycles, boats, trailers, or major equipment like a tractor. If there are loans secured by the property or liens on the property,

list them. If there are no loans or liens on the property item, then leave the “Lien Holder” section blank. Print whose name(s) are on the title. Print the current value, any amount you owe on a loan, and the monthly payments on the loan.

- Paragraph (10): Complete this paragraph if you own any credit cards. Print the type of card, such as Visa, Mastercard, Discover or American Express, the name of the bank that issued the card, the credit limit on the card, and the amount of credit that remains available.
- Paragraph (11): Report any debts you owe to others. Include amounts you owe on credit cards and on any loans that you did not list in paragraphs (8) and (9). Identify the creditor (the person or company you owe the money to), the purpose of the debt (for example, emergency medical expenses for your child), who is responsible for the debt, the amount owed, and the amount of monthly payments you make. If you make payment amounts that change from month to month, calculate the annual total and divide by 12 months to list a monthly amount.
- Paragraph (12): If there is any other information about your ability to pay the fees that you want the judge to consider, include it here.
- Date and sign the form in front of a notary public or judicial services representative.
- Attach the affidavit to the motion.

(3) Proposed Order on Motion to Waive Fees

- Complete the heading exactly as it appears in the Complaint/Petition.
- Do not complete the rest of the form. The judge will do this.
- Attach the proposed order to the motion.
- Serve the order on the other parties after the judge has ruled on the motion.

(4) Memorandum Demonstrating Inability to Pay Fees

- Do not file this form unless there has been a change of circumstances after the judge has ordered you to pay the fees.
- Print your name and contact information at the top of the first page. Check whether you are the plaintiff/petitioner or defendant/respondent or the attorney for the plaintiff/petitioner or defendant/respondent.
- Complete the heading exactly as it appears in the Complaint/Petition.
- Check the boxes that show why you cannot pay the fees ordered by the court.
- Attach any required documents and forms.
- Date and sign the form.
- Complete the Certificate of Service.
- Serve the form and attachments on the other party.
- File the form and attachments with the judicial services representative.

(5) Duty to report changes

- If the judge orders that fees be waived, you must inform the court of changes in your financial circumstances that might affect the order.

My Name

Address

City, State, Zip

Phone

Email

I am the Plaintiff/Petitioner
 Defendant/Respondent
 Attorney for the Plaintiff/Petitioner Defendant/Respondent and my
Utah Bar number is _____

In the District Justice Court of Utah, _____ County

Court Address _____

<p>_____ Plaintiff/Petitioner</p> <p>v.</p> <p>_____ Defendant/Respondent</p>	<p>Motion to Waive Fees</p> <p>_____ Case Number</p> <p>_____ Judge</p> <p>_____ Commissioner</p>
---	--

- (1) I move to waive the following fees: (Choose all that apply.)
- | | |
|--|--|
| <input type="checkbox"/> Filing fee | <input type="checkbox"/> Fees for writs |
| <input type="checkbox"/> OCAP fee | <input type="checkbox"/> Divorce Certificate Fee |
| <input type="checkbox"/> Divorce education class fee | <input type="checkbox"/> Report of Adoption Fee |
| <input type="checkbox"/> Divorce orientation class fee | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Fee for service of process | <input type="checkbox"/> Other _____ |
- (2) Due to my poverty, I am unable to bear the expenses of these legal proceedings, and I believe that I am entitled to the relief sought.
- (3) I have attached a Financial Affidavit Supporting my Motion to Waive Fees.

Date

Sign here ►

Typed or Printed Name

This is a private record.

My Name

Address

City, State, Zip

Phone

Email

I am the Plaintiff/Petitioner
 Defendant/Respondent

In the District Justice Court of Utah, _____ County

Court Address _____

	Affidavit Supporting Motion to Waive Fees
_____ Plaintiff/Petitioner	_____ Case Number
v.	_____ Judge
_____ Defendant/Respondent	_____ Commissioner

I swear or affirm that the following information is true and I have omitted nothing that is relevant to my financial status.

(1) Employment

I am unemployed because:

I am employed by: (Include self-employment.)

Name of Employer	Doing Business As (DBA)	Address & Telephone Number

(2) Dependents (Include spouse, children or other dependents in your household.)

The following people depend on me for support.

Name	Age	Relationship to Me	Name	Age	Relationship to Me

(3) Gross Monthly Income (Income before tax deductions)

I have no income because:

I have the following monthly income: (Print your pre-tax income in the boxes below. If directed to do so by the court, you must be able to produce evidence of the items listed, such as most recent pay stubs, federal and state tax returns, W-2 forms, or a work history report from the Department of Workforce Services. For income that changes from month to month, calculate the annual total and divide by 12 months to list a monthly average.)

Source of Income	Monthly Amount
Work (Including self employment, wages, salaries, commissions, bonuses, tips and overtime)	\$
Rental Income	\$
Business Income	\$
Interest and Dividends	\$
Retirement Income (Including pensions, 401(k), IRA, etc.)	\$
Worker's Compensation	\$

Source of Income	Monthly Amount
Private Disability Insurance	\$
Social Security Disability Income (SSDI)	\$
Supplemental Security Income (SSI)	\$
Social Security (Do not include SSDI or SSI)	\$
Unemployment Benefits	\$
Education Benefits	\$
Veteran's Benefits	\$
Alimony	\$
Child Support	\$
Payments from Civil Litigation	\$
Victim Restitution	\$
Public Assistance (Including AFDC, welfare, etc.)	\$
Support from household members	\$
Support from non-household members	\$
Trust Income	\$
Annuity Income	\$
Other (Describe)	\$
Other (Describe)	\$
Total Monthly Gross Income (Income before tax deductions)	\$

(4) Monthly Tax Deductions

- I have the following deductions from my income: (These are deductions required by law which you do not make voluntarily. There may be other funds withheld from your paycheck that you will report in Paragraph (6). If directed to do so by the court, you must be able to produce evidence of the items listed, such as most recent pay stubs, federal and state tax returns, W-2 forms, or a work history report from the Department of Workforce Services.)

Type of Deduction	Amount
Federal Income Tax	\$
State Income Tax	\$
Municipal Income Tax	\$
FICA	\$
Medicare	\$
Total Monthly Tax Deductions	\$

(5) Disposable Monthly Income

- I have no income.
- My disposable monthly income is:

\$ _____ Gross Monthly Income from (3)
- \$ _____ Minus Monthly Tax Deductions from (4)
= \$ _____ Equals Disposable Monthly Income

(6) Monthly Expenses (Include amounts withheld from your paycheck other than tax deductions reported in Paragraph (4). For expenses that change from month to month, calculate the annual total and divide by 12 to list a monthly average. Include amounts you pay for yourself and any spouse, children or other dependents in your household. If directed to do so by the court, you must be able to produce evidence of the items listed.)

- I am personally paying the following monthly expenses:

Monthly Expense	Amount
Rent or mortgage	\$
Food and Household Supplies	\$
Clothing	\$
Transportation (Such as public transportation, automobile payments, insurance, gas, maintenance)	\$
Utilities (Such as electricity, gas, water, sewer, garbage)	\$
Telephone	\$
Credit Card Payments	\$
Loans and Other Debt Payments	\$
Alimony	\$
Child Support	\$
Child Care	\$
Education	\$
Health Care Insurance	\$
Health Care Expenses (Excluding insurance listed above)	\$
Business Expenses	\$
Real Property Taxes	\$
Real Property Insurance	\$
Real Property Maintenance	\$
Other Insurance (Describe)	\$
Entertainment	\$

Monthly Expense	Amount
Laundry and Dry Cleaning	\$
Donations	\$
Gifts	\$
Health Insurance Premiums	\$
Life Insurance Premiums	\$
Union and other dues	\$
Garnishment or Income Withholding Order	\$
Retirement Deposits (Including pensions, 401(k), IRA, etc.)	\$
Other (Describe)	\$
Total Monthly Expenses	\$

(7) Financial Assets You Own (If directed to do so by the court, you must be able to produce evidence of the items listed.)

Asset	Holder (Name & Address)	Co-owner (Name & Address)	Current Value
Bank or Credit Union Account			\$
Bank or Credit Union Account			\$
Stocks, Bonds, Securities, Money Market Account			\$
Stocks, Bonds, Securities, Money Market Account			\$
Money Owed to You			\$
Cash			\$
Other (Describe)			\$

(8) Real Property You Own (If directed to do so by the court, you must be able to produce evidence of the items listed, such as mortgage statements, tax appraisal, etc.)

Address			
Date Acquired	In Whose Name?	\$ Original Cost	\$ Current Value
First Mortgage or Lien Holder (Name & Address)		\$ Amount Owed	\$ Monthly Payments
Second Mortgage or Lien Holder (Name & Address)		\$ Amount Owed	\$ Monthly Payments

(9) Personal Property You Own (If directed to do so by the court, you must be able to produce evidence of the items listed.)

Property (Such as vehicles, boats, trailers, major equipment, etc.)	Lien Holder (Name & Address)	In Whose Name?	Current Value	Amount Owed	Monthly Payments
Vehicle (Year, Make, Model)			\$	\$	\$
Vehicle (Year, Make, Model)			\$	\$	\$
Other (Describe)			\$	\$	\$
Other (Describe)			\$	\$	\$

(10) Credit Available (If directed to do so by the court, you must be able to produce evidence of the items listed.)

Credit Card	Bank or Credit Union	Credit Limit	Credit Available
		\$	\$
		\$	\$

Credit Card	Bank or Credit Union	Credit Limit	Credit Available
		\$	\$
		\$	\$

(11) Debts You Owe (Do not include amounts you owe on property reported in Paragraphs (8) and (9). If directed to do so by the court, you must be able to produce evidence of the items listed, such as credit card statements, loan documents, leases, bills, etc.)

Debt Owed To (Name & Address of Creditor)	Purpose of Debt (Such as credit card, cash loan, installment payment, etc.)	In Whose Name?	Amount Owed	Monthly Payments
			\$	\$
			\$	\$
			\$	\$
			\$	\$

(12) Other

The following facts also show that I am unable to pay the cost of these proceedings.

_____ Sign here ► _____

Date _____

Typed or Printed Name _____

I certify that _____, who is known to me or who presented satisfactory identification, has, while in my presence and while under oath or affirmation, voluntarily signed this document and declared that it is true.

_____ Sign here ► _____

Date _____

Typed or printed name (Court Clerk or Notary Public) _____

Notary Seal

In the District Justice Court of Utah, _____ County
 Court Address _____

	Order on Motion to Waive Fees (Non-inmates)
Plaintiff/Petitioner _____	Case Number _____
v. _____	Judge _____
Defendant/Respondent _____	Commissioner _____

The matter before the court is a motion to waive fees. Having reviewed the Motion and Affidavit to Waive Fees and supporting financial evidence, and having made an independent determination,

The Court Orders that:

- (1) The motion is denied. The party must pay all fees associated with this case.
 - The party failed to provide the required information. The party may re-file the motion with the required information within 10 days.
 - The information shows that the party is reasonably able to pay the fees.
- (2) The motion is granted. The following fees are waived. If the fee is waived in part, it is because the party is reasonably able to pay the balance.

Fee	Waived in Full	Amount to be Paid
Filing fee	<input type="checkbox"/>	
OCAP fee	<input type="checkbox"/>	
Divorce education class fee	<input type="checkbox"/>	
Divorce orientation class fee	<input type="checkbox"/>	
Service fee	<input type="checkbox"/>	
Fee for writs	<input type="checkbox"/>	
Divorce Certificate Fee	<input type="checkbox"/>	
Report of Adoption Fee	<input type="checkbox"/>	
Other (Describe)	<input type="checkbox"/>	
Other (Describe)	<input type="checkbox"/>	

(3) This order is subject to review and amendment for so long as the court has jurisdiction of the case.

_____ Sign here ► _____
Date Recommended by Commissioner _____

_____ Sign here ► _____
Date Approved by Judge _____

Certificate of Service

I certify that I served a copy of this Order on Motion to Waive Fees on the following people.

Person's Name	Method of Service	Served at this Address	Served on this Date
(Other Party or Attorney)	<input type="checkbox"/> Mail <input type="checkbox"/> Hand Delivery <input type="checkbox"/> E-filed <input type="checkbox"/> Fax (Person agreed to service by fax.) <input type="checkbox"/> Email (Person agreed to service by email.) <input type="checkbox"/> Left at business (With person in charge or in receptacle for deliveries.) <input type="checkbox"/> Left at home (With person of suitable age and discretion residing there.)		
(Clerk of Court)	<input type="checkbox"/> Mail <input type="checkbox"/> Hand Delivery <input type="checkbox"/> E-filed		
	<input type="checkbox"/> Mail <input type="checkbox"/> Hand Delivery <input type="checkbox"/> E-filed <input type="checkbox"/> Fax (Person agreed to service by fax.) <input type="checkbox"/> Email (Person agreed to service by email.) <input type="checkbox"/> Left at business (With person in charge or in receptacle for deliveries.) <input type="checkbox"/> Left at home (With person of suitable age and discretion residing there.)		
	<input type="checkbox"/> Mail <input type="checkbox"/> Hand Delivery <input type="checkbox"/> E-filed <input type="checkbox"/> Fax (Person agreed to service by fax.) <input type="checkbox"/> Email (Person agreed to service by email.) <input type="checkbox"/> Left at business (With person in charge or in receptacle for deliveries.) <input type="checkbox"/> Left at home (With person of suitable age and discretion residing there.)		

_____ Sign here ► _____
 Date

 Typed or Printed Name _____

My Name

Address

City, State, Zip

Phone

Email

I am the Plaintiff/Petitioner
 Defendant/Respondent
 Attorney for the Plaintiff/Petitioner Defendant/Respondent and my
Utah Bar number is _____

In the District Justice Court of Utah, _____ County
Court Address _____

Memorandum Demonstrating Inability to Pay Fees	
_____ Plaintiff/Petitioner	_____ Case Number
v.	_____ Judge
_____ Defendant/Respondent	_____ Commissioner

Instructions: You must attach documents supporting your claims.

- (1) I declare under criminal penalty of Utah Code Section 78B-5-705 that: (Choose all that apply.)
- I have filed this document within 10 days after receiving the Order on Motion to Waive Fees.
 - I have lost my source of income.

