|  |  |  |
| --- | --- | --- |
|  | **This is a private record** | |
| Name |  | |
|  |  | |
| Address |  | |
|  |  | |
| City, State, Zip |  | |
|  |  | |
| Phone |  | |
|  | **Check your email.** You will receive information and documents at this email address. | |
| Email |  | |
| I am [ ] Petitioner [ ] Respondent  [ ] Petitioner’s Attorney [ ] Respondent’s Attorney (Utah Bar #:\_\_\_\_\_\_\_\_\_\_)  [ ] Petitioner’s Licensed Paralegal Practitioner  [ ] Respondent’s Licensed Paralegal Practitioner (Utah Bar #:\_\_\_\_\_\_\_\_\_\_) | | | |
| In the District Court of Utah  \_\_\_\_\_\_\_\_\_\_ Judicial District \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ County  Court Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| In the Matter of (select one)  [ ] the Marriage of (for a divorce with or without children, annulment, separate maintenance, or temporary separation case)  [ ] the Children of (to establish custody, parent-time or child support)  [ ] the Parentage of the Children of (for a paternity case)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (name of Petitioner)  and  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (name of Respondent)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Other parties (if any) | | **Motion to Waive Fees**  (Utah Code 78A-2-302 and Code of Judicial Administration Rule 4-508)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Case Number  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Judge  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Commissioner (domestic cases) | |

1. I cannot pay the court fees in this case. I believe I qualify for a waiver. I ask the court to waive the following fees: (Choose all that apply. If you need help, ask court staff.)

[ ] Filing fee (Refer to Cover Sheet): Amount: $ \_\_\_\_\_\_\_\_\_\_\_\_

[ ] Required classes: parenting ($35) & orientation ($30.00)

[ ] Office of Vital Records fee (Adoption Certificate or Divorce Certificate - $8.00)

[ ] Fee to have papers served in Utah

[ ] OCAP fee ($20.00)

[ ] Appeal fee

[ ] $240 Filing

[ ] $10 Small claims appeal (Justice Court)

[ ] Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. I qualify for a fee waiver because: (Choose all that apply.)

a. [ ] I receive: (Choose all that apply.)

[ ] Food Stamps (SNAP)

[ ] Medicaid

[ ] SSI

[ ] FEP or TANF

b. [ ] I receive legal services from:

[ ] a nonprofit provider: (name of provider) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ] a pro bono attorney through the Utah State Bar.

c. [ ] the gross monthly income for my household (before deductions for taxes) is equal to or is less than the amount listed below: (Choose one.)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Household size | Household income | Household size | Household income | Household size | Household income |
| [ ] 1 | $1,882.50 | [ ] 3 | $3,227.50 | [ ] 5 | $4,572.50 |
| [ ] 2 | $2,555.00 | [ ] 4 | $3,900.00 | [ ] 6 | $5,245.00 |

[ ] My household is larger than 6. My household size is \_\_\_\_ and our household income is $\_\_\_\_\_\_\_\_\_\_. (For each additional household member over six, add $672.50)

d. [ ] I don’t qualify under options a-c above. But I don’t have enough money to pay the court fees and provide myself or my family with food, shelter, clothing, or other necessities. (**If you choose this option you must fill out the Extra Information for Fee Waiver form).**

3. [ ] The amount of money held in my prisoner trust account is: $\_\_\_\_\_\_\_\_\_\_\_\_\_.

|  |
| --- |
| Warning: It is a crime for anyone to intentionally or knowingly provide false or misleading information to the court when seeking a waiver of a court fee. |

I do solemnly swear or affirm that due to my poverty I am unable to bear the expenses of the action or legal proceedings which I am about to commence or the appeal which I am about to take, and that I believe I am entitled to the relief sought by the action, legal proceedings, or appeal.

**Plaintiff/Petitioner or Defendant/Respondent**

|  |  |  |  |
| --- | --- | --- | --- |
| I declare under criminal penalty under the law of Utah that everything stated in this document is true.  Signed at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (city, and state or country). | | | |
|  | | Signature ► |  |
| Date | Printed Name | |  |
| **Attorney or Licensed Paralegal Practitioner of record** (if applicable) | | | |
|  | | Signature ► |  |
| Date | Printed Name | |  |

**Extra Information for Fee Waiver Case Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

(Do you need to complete this form? Only if you are not receiving public assistance, legal services from a nonprofit provider or a pro-bono attorney through the Utah State Bar, or do not meet the federal poverty guidelines.)

1. **Employment**

[ ] I am employed as (Choose all that apply):

[  ] an hourly employee (Form W-2)

[  ] a salaried employee (Form W-2)

[  ] self-employed (Form 1099, Form K-1, Schedule C, etc.)

[  ] other (Explain): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name of employer | Employer's address and  phone number | Job title | Hourly rate or annual salary | Hours per week  (If hourly) |
|  |  |  | $ |  |
|  |  |  | $ |  |
|  |  |  | $ |  |

[ ] I am unemployed because:

|  |
| --- |
|  |
|  |
|  |

2. **Dependents** (Count spouse, children or other dependents in your household. If none, write 0.)

The following people depend on me for support.

|  |  |
| --- | --- |
| Number of adults |  |
| Number of children under 18 |  |

3. **Gross Monthly Income**

[ ] I have the following monthly income before tax deductions:

(Print your pre-tax income in the boxes below. 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 | $ |
| Dividends | $ |
| Retirement income (Including pensions, 401(k), IRA, etc.) | $ |
| Worker’s compensation | $ |
| Private disability insurance | $ |
| Social Security Disability Income (SSDI) | $ |
| Supplemental Security Income (SSI) | $ |
| Social Security (Other than SSDI or SSI) | $ |
| Unemployment benefits | $ |
| Education benefits (Including grants, loans, cash scholarships, etc.) | $ |
| Veteran’s benefits | $ |
| Alimony | $ |
| Child support | $ |
| Payments from civil litigation | $ |
| Victim restitution | $ |
| Public assistance (Including AFDC, FEP, TANF, welfare, etc.) | $ |
| Financial support from household members | $ |
| Financial support from non-household members | $ |
| Trust income | $ |
| Annuity income | $ |
| Other (Describe) | $ |
| Other (Describe) | $ |
| Total gross monthly income | $ |

[ ] I have no income because:

|  |
| --- |
|  |
|  |
|  |
|  |

4. **Monthly Tax Deductions**

[ ] I have no monthly tax deductions because I have no income.

[ ] I have the following monthly tax deductions.

|  |  |
| --- | --- |
| Type of tax deduction | Amount |
| Federal income tax | $ |
| State income tax | $ |
| Municipal income tax | $ |
| FICA | $ |
| Medicare | $ |
| Total monthly tax deductions | $ |

5. **After Tax Income**

[ ] My monthly income is:

|  |  |  |  |
| --- | --- | --- | --- |
| $ |  |  | Gross monthly income from section 5 |
| - $ |  |  | Minus monthly tax deductions from section 6 |
|  |  |  |  |
| = $ |  |  | Equals after-tax monthly income |

[ ] I have no income.

6. **Monthly Expenses** (Include amounts you pay for yourself and any spouse, children or other dependents in your household.)

|  |  |
| --- | --- |
| Monthly expense | Current Amount |
| Rent or mortgage | $ |
| Real estate taxes (if not included in mortgage) | $ |
| Real estate insurance (if not included in mortgage) | $ |
| Real estate maintenance | $ |
| Food and household supplies | $ |
| Clothing | $ |
| Automobile payments | $ |
| Automobile insurance | $ |
| Automobile fuel | $ |
| Automobile maintenance | $ |
| Other transportation costs (public transportation, parking, etc.) | $ |
| Utilities (such as electricity, gas, water, sewer, garbage) | $ |
| Telephone | $ |
| Paid television, cable, satellite | $ |
| Internet | $ |
| Credit card payments | $ |
| Loans and other debt payments | $ |
| Alimony | $ |
| Child support | $ |
| Child care | $ |
| Extracurricular activities for children | $ |
| Education (children) | $ |
| Education (self) | $ |
| Health care insurance | $ |
| Health care expenses (excluding insurance listed above) | $ |
| Other insurance (describe) | $ |
| Entertainment | $ |
| Laundry and dry cleaning | $ |
| Donations | $ |
| Gifts | $ |
| Union and other dues | $ |
| Garnishment or income withholding order | $ |
| Retirement deposits (including pensions, 401(k), IRA, etc.) | $ |
| Other (describe) | $ |
| Other (describe) | $ |
| Total monthly expenses | $ |

7. **Business Interests** (Add additional sheets if needed.)

[ ] I have no business interests.

[ ] I have the following business interests.

|  |  |  |
| --- | --- | --- |
| Business name |  | |
| Address & phone |  | |
| Nature of business |  | |
| Current value of the business  $ | | Percent owned by  \_\_\_\_\_% Petitioner \_\_\_\_\_% Respondent |

|  |  |  |
| --- | --- | --- |
| Business name |  | |
| Address & phone |  | |
| Nature of business |  | |
| Current value of the business  $ | | Percent owned by  \_\_\_\_\_% Petitioner \_\_\_\_\_% Respondent |

8. **Financial Assets** (Add additional sheets if needed.)

[ ] I have no financial assets.

[ ] I have the following financial assets.

|  |  |  |  |
| --- | --- | --- | --- |
| Asset | Name & address of institution | Names on account | Current balance |
| **Bank or credit union**  Account number:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date opened:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Type:  [ ] checking  [ ] savings  [ ] other |  |  | $ |
| **Bank or credit union**  Account number:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date opened:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Type:  [ ] checking  [ ] savings  [ ] other |  |  | $ |
| **Stocks, bonds, securities, money market account**  Account number:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date opened:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  | $ |
| **Retirement account**  Account number:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date opened:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  | $ |
| **Profit sharing plan**  Account number:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date opened:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  | $ |
| **Annuity**  Account number:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date opened:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  | $ |
| **Life insurance**  Account number:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date opened:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  | $ |
| **Money owed to me**  Date of loan:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  | $ |
| **Cash** |  |  | $ |
| **Other** (describe) |  |  | $ |
| **Other** (describe) |  |  | $ |

9. **Real Estate** (Add additional sheets if needed.)

[ ] I have no real estate.

[ ] I have the following real estate.

**Home**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | | | | | | |
| Address | | | | | | |
|  |  |  |  | $ |  | $ |
| Date acquired |  | Name(s) on title |  | 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 |

**Other real estate**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | | | | | | |
| Address | | | | | | |
|  |  |  |  | $ |  | $ |
| Date acquired |  | Name(s) on title |  | 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 |

10. **Personal Property** (Such as vehicles, boats, trailers, major equipment, furniture, jewelry, and collectibles. Add additional sheets if needed.)

[ ] I have no personal property.

[ ] I have the following personal property.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Property description  (if automobile, include year, make, and model) | Debt owed to  (name and address) | Names on title  (if applicable) | Amount owed | Minimum monthly payments |
|  |  |  | $ | $ |
|  |  |  | $ | $ |
|  |  |  | $ | $ |
|  |  |  | $ | $ |
|  |  |  | $ | $ |

11. **Debts Owed** (Do not include amounts you owe on property reported in the Real Estate or Personal Property sections. Add additional sheets if needed.)

[ ] I do not owe any debts.

[ ] I owe the following debts.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Type of debt  (such as credit card, cash loan, or installment payment) | Debt owed to  (name and address and phone number) | Names on debt | Amount owed | Minimum monthly payments |
|  |  |  | $ | $ |
|  |  |  | $ | $ |
|  |  |  | $ | $ |
|  |  |  | $ | $ |
|  |  |  | $ | $ |
|  |  |  | $ | $ |

12. **Other**

[ ] The following facts also show why I cannot pay these court fees.

|  |
| --- |
|  |
|  |
|  |
|  |

**Plaintiff/Petitioner or Defendant/Respondent**

|  |  |  |  |
| --- | --- | --- | --- |
| I declare under criminal penalty under the law of Utah that everything stated in this document is true.  Signed at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (city, and state or country). | | | |
|  | | Signature ► |  |
| Date | Printed Name | |  |
| **Attorney or Licensed Paralegal Practitioner of record** (if applicable) | | | |
|  | | Signature ► |  |
| Date | Printed Name | |  |