

STATE OF MICHIGAN JUDICIAL DISTRICT JUDICIAL CIRCUIT COUNTY	FEE WAIVER REQUEST	CASE NO. and JUDGE
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Court address

Court telephone no.

Plaintiff/Petitioner's name, address, and telephone no. 	v	Defendant/Respondent's name, address, and telephone no.
Plaintiff/Petitioner's attorney, bar no., address, and telephone no. 		Defendant/Respondent's attorney, bar no., address, and telephone no.
In the matter of _____		

Instructions: Complete this form and file it with the court. If this request is filed by a prisoner, a certified statement of the prisoner's trust account showing a current balance and a 12-month history of deposits and withdrawals must accompany this form. After you receive a decision on your request, you must serve your request and the decision on the other party(ies).

I request a waiver of my filing fees for the following reason: (Check 1, 2, or 3)

- ☐ 1. I receive the following type(s) of public assistance because of indigence:
- ☐ Food Assistance Program through the State of Michigan (also known as FAP or SNAP)
 - ☐ Medicaid (including Healthy Michigan, CHIP, and ESO)
 - ☐ Family Independence Program through the State of Michigan (also known as FIP or TANF)
 - ☐ Women, Infants, and Children benefits (WIC)
 - ☐ Supplemental Security Income through the federal government (SSI)
 - ☐ Other means-tested public assistance: _____
- My public assistance case number(s) (if any) is _____
Write "none" if no case number. Do not write your SSN.
- ☐ 2. I am represented by a legal services program or I receive assistance from a law school clinic because of indigence. The name of the legal services program or law school clinic is _____
- ☐ 3. I am unable to pay the fees and I did not check item 1 or 2 above.
- My gross household income is \$ _____ every _____
Week/Two weeks/Month/Year
- The number of people in my household is _____
- My source of income is _____
- List assets and their worth, such as bank accounts. If you need more space, attach a separate sheet.

List obligations and how much you pay, such as rent or other debts. If you need more space, attach a separate sheet.

I declare under the penalties of perjury that this request has been examined by me and that its contents are true to the best of my information, knowledge, and belief.

Date _____ Approved, SCAO Form MC 20, Rev. 9/23 MCR 2.002 Page 1 of 2	Signature _____ Distribute form to: Court Applicant Other parties Friend of the court (when applicable)
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CLERK WAIVER

1. Payment of filing fees is waived.

Signature of court clerk and date

ORDER

IT IS ORDERED:

- ☐ 1. Payment of filing fees is waived because:
- ☐ a. Your gross household income is under 125% of the federal poverty guidelines.
 - ☐ b. Your gross household income is above 125% of the federal poverty guidelines, but payment of the fees would constitute a financial hardship for you.
 - ☐ c. Other:

If you become able to pay the fees before this case is resolved, you must notify the court.

- ☐ 2. The fee waiver request is denied because:
- ☐ a. Your gross household income is above 125% of the federal poverty guidelines and payment of the fees would not constitute a financial hardship for you.
 - ☐ b. Other:

Judge/Magistrate (when authorized) signature and date

NOTICE

IF YOUR REQUEST WAS DENIED: To continue your case and preserve your filing date, you have 14 days from the issue date below to pay the filing fees or request a review. To request a review, fill out a Request for Review of Denied Fee Waiver (form MC 114) and file it with the court.

Issue date (completed by clerk)