

MONTANA TWENTIETH JUDICIAL DISTRICT COURT, SANDERS COUNTY

AFFIDAVIT OF INDIGENCE AND ORDER

CAUSE NO. \_\_\_\_\_

STATE OF MONTANA                    )  
  ) ss.  
COUNTY OF SANDERS                )

I, \_\_\_\_\_, being first duly sworn, state under oath that I have good cause of action or defense but am unable to pay the costs or get security to secure the cause of action or defense. I request the court or administrative tribunal to waive the costs and approve indigence status. I declare the following:

I. PERSONAL INFORMATION

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Telephone: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_

Employed: Yes\_\_ No\_\_                Self-employed: Yes\_\_ No\_\_

Employer's name and address: \_\_\_\_\_  
\_\_\_\_\_

Month last employed: \_\_\_\_\_ Job: \_\_\_\_\_

Single \_\_                    Married \_\_                    Divorced \_\_                    Separated \_\_

Dependents? Spouse: \_\_\_\_\_ Number of children: \_\_\_\_\_

Spouse's name: \_\_\_\_\_

Spouse's Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_

Spouse's employer and address: \_\_\_\_\_  
\_\_\_\_\_

Are you sharing expenses with anyone? Yes\_\_\_\_ No\_\_\_\_

Explain: \_\_\_\_\_

Are you sharing income with anyone? Yes\_\_\_\_ No\_\_\_\_

Explain: \_\_\_\_\_

II. INCOME

Income available:

My wages or salary	\$ _____	AFDC	\$ _____
Other wages/ salary	\$ _____	Unemployment	\$ _____
Workers' Comp.	\$ _____	SSI	\$ _____
Food Stamps	\$ _____	Medicaid	\$ _____
Pension	\$ _____	Retirement	\$ _____
Child Support	\$ _____	Other Income	\$ _____

Total Household Income:

Last Month \$ \_\_\_\_\_ Previous 12 months \$ \_\_\_\_\_

III. ASSETS

A. Motor Vehicles? Yes \_\_\_\_\_ No \_\_\_\_\_ How Many? \_\_\_\_\_

Spouse's Motor Vehicles: \_\_\_\_\_

Is/ are vehicles (s) paid for? Yes \_\_\_\_\_ No \_\_\_\_\_

If not, how much do you owe? \$ \_\_\_\_\_

Year, Make and Model: \_\_\_\_\_

B. Do you or your spouse own or are you buying a home, mobile home, land or any real estate?

Yes \_\_\_\_\_ No \_\_\_\_\_

What is the approximate value? \_\_\_\_\_

How much did you pay for it? \_\_\_\_\_ When? \_\_\_\_\_

Is it paid for? Yes \_\_\_\_\_ No \_\_\_\_\_

If not, how much do you or your spouse owe? \_\_\_\_\_

C. Checking accounts? Yes \_\_\_\_\_ No \_\_\_\_\_ \$ \_\_\_\_\_

Savings accounts? Yes \_\_\_\_\_ No \_\_\_\_\_ \$ \_\_\_\_\_

Bank: \_\_\_\_\_

Stocks or bonds? Yes \_\_\_\_\_ No \_\_\_\_\_ \$ \_\_\_\_\_

Wages due but not yet received	\$ _____
Money owed to me or my spouse	\$ _____
Guns, boats, sporting equipment, trailer, camper or tools	\$ _____
Stereo or TV	\$ _____
Furniture and appliances	\$ _____
Other personal property	\$ _____

Specify: \_\_\_\_\_

IV. OBLIGATIONS/DEBTS

Do you or your spouse have any outstanding debts or obligations: (Specify and list amount):

\_\_\_\_\_  
\_\_\_\_\_

I further declare that I am the person named above; that I have read the foregoing questions and that the answers I have provided are true to the best of my knowledge. AND THAT IF ANY PART OF THE ABOVE IS MADE FALSELY I AM SUBJECT TO PROSECUTION FOR PERJURY.

\_\_\_\_\_  
Signature of Affiant

SUBSCRIBED AND SWORN TO before this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

\_\_\_\_\_  
Notary Public for the State of Montana  
Residing at \_\_\_\_\_, Montana  
My Commission expires \_\_\_\_\_

ORDER

Upon reading the above affidavit, the request for waiver of filing fees is granted and the officers and administrative tribunals of this state shall issue and serve all writs and perform all services in this action without demanding or receiving payment of fees.

DATED: \_\_\_\_\_

\_\_\_\_\_  
JUDGE