
Name

FORM #230b

Address

City State Zip Code

Phone Number

Email Address

**MONTANA FOURTH JUDICIAL DISTRICT COURT,
MISSOULA COUNTY**

In re the Parenting of:

_____,

Initials of Minor

Child(ren)

_____,

Co-Petitioner,

and

_____,

Co-Petitioner.

Cause No.: _____

Department No.: _____

**AFFIDAVIT OF INABILITY TO
PAY FILING FEES AND OTHER
COSTS**

Mother's

Father's

[ANSWER ALL QUESTIONS. USE N/A IF NOT APPLICABLE]

**[NOTE TO CLERK: REMOVE FINAL PAGE AFTER JUDGE SIGNS AND FILE
ORDER SEPARATELY]**

STATE OF MONTANA) ss:
COUNTY OF _____)

I, _____, being first duly sworn, depose and say: That I have a 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 to waive the costs and approve indigence status. I declare the following:

I. PERSONAL INFORMATION

I am the _____ Co-Petitioner Mother, _____ Co-Petitioner Father in the above proceeding.

Name _____

Address _____

Telephone _____ Birthdate _____ Age _____

SSN _____

Employed: Yes _____ No _____ Self-Employed: Yes ___ No ___ Hourly wage \$ _____
Employer's name and address _____
Type of employment _____ Length of current employment _____

If unemployed:
Month/Year last employed _____ Last hourly wage \$ _____
Why did you leave your last employment? _____
Single _____ Married _____ Divorced _____ Separated _____

Are persons dependent on you for support? Yes _____ No _____
If yes, list each person and that person's age and relationship to you:

Spouse's name _____
Spouse's: Birthdate _____ Age _____ SSN _____
Spouse's employer and address _____

Are you sharing expenses with anyone? Yes _____ No _____
If yes, explain _____
Are you sharing income with anyone? Yes _____ No _____
If yes, explain _____

II. INCOME

Income available:
My wages or salary \$ _____ AFDC \$ _____
Other wages or salary \$ _____ SSI \$ _____
Unemployment \$ _____ Workers' Comp \$ _____
Food Stamps \$ _____ Medicaid \$ _____
Pension \$ _____ Retirement \$ _____
Child support \$ _____ Other income \$ _____

Total household income:
Last month \$ _____ Previous 12 months \$ _____

III. ASSETS

Do you or your spouse own or are you or your spouse buying any motor vehicles?
Yes _____ No _____ If yes, Year, make and model of vehicle(s):

Is/are vehicle(s) paid for? Yes _____ No _____
If not, how much do you or your spouse owe? \$ _____

Do you or your spouse own or are you or your spouse buying any land or other real estate?

Yes _____ No _____ If yes, what is the approximate current market value? \$ _____
What was the purchase price? \$ _____
When did you purchase the land or other real estate? _____
Is it paid for? Yes _____ No _____
If not, how much do you or your spouse owe on the land or other real estate? \$ _____

Do you or your spouse have:
Checking accounts? Yes _____ No _____ If yes, total amount \$ _____
Savings accounts? Yes _____ No _____ If yes, total amount \$ _____
List the banks where the accounts are held: _____

Do you or your spouse have stocks or bonds? Yes _____ No _____
If yes, what is the total amount of the stocks or bonds \$ _____

Do you or your spouse have wages due but not received? Yes ___ No ___
If yes, list total amount \$ _____

Is there money owed to you or your spouse? Yes _____ No _____
If yes, total amount owed to you or your spouse \$ _____

Value of your or your spouse's personal property:
Sporting Equipment \$ _____ Guns \$ _____ Boats \$ _____
Trailers \$ _____ Campers \$ _____ Tools \$ _____
Stereos \$ _____ TVs \$ _____ Furniture \$ _____
Appliances \$ _____ Other personal property \$ _____

Describe and value other personal property you or your spouse own or are buying:

Do you or your spouse have in your possession or in your house any property worth over \$200.00 that belongs to another person? Yes _____ No _____ If yes:

Type of property: _____
Value of property \$ _____
Name the owner of the property: _____
Reason the property is in your possession: _____

IV. MONTHLY EXPENSES

List your or your spouse's monthly expenses:
Rent or house payment \$ _____
Clothes \$ _____ Food \$ _____
Miscellaneous items (*List each item*): \$ _____

V.

OBLIGATIONS/DEBTS

Do you or your spouse have any debts or obligations that you owe?

Yes_____ No_____ If yes, describe the debts or obligations and list the amounts:

Have you sold, given away, or put in the name of another person or entity , or otherwise transferred any property of a value over \$200 within the preceding 12 months? Yes___ No___

If yes, describe the property: _____

Value of property \$_____

Name(s) to whom you transferred property: _____

Reason for transfer of property: _____

Please Check one of the following and complete all information:

_____ I have paid or will pay a total of \$_____ for the preparation or processing of the documents or blank forms that will be filed in this entire case (from the beginning of the case to the end of the case) and agree that an equal amount is to be paid to the Clerk of District Court at the time of the entry of decree or final judgment in this case.

or

_____ I prepared all of the pleadings and papers to be filed in this case myself, and no one has been, or will be, paid on my behalf. I have not paid anyone or any organization for the preparation and processing of these documents or for the forms to be used in this case.

I further declare that I am the person above named, that I have read the foregoing questions and information and know the same to be 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 me, a notary public, this _____ day of _____, _____.

(Seal)

Name (*printed*): _____
Notary Public for the State of Montana.
Residing at _____

My Commission Expires _____

Hon. _____
Fourth Judicial District
Missoula County Courthouse
200 West Broadway
Missoula, Montana 59802
(406) 258-4780
Fax (406) 258-4899

**MONTANA FOURTH JUDICIAL DISTRICT COURT,
MISSOULA COUNTY**

<p>In re the Marriage of:</p> <p>_____, Co- Petitioner,</p> <p>and</p> <p>_____, Co-Petitioner.</p>	<p>Dept. No.: _____ Cause No.: _____</p> <p>ORDER ON INABILITY TO PAY FILING FEES AND OTHER COSTS</p>
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Having considered the information contained in [Petitioner’s] [Respondent’s] Affidavit of Inability to Pay Filing Fees and Other Costs, IT IS HEREBY ORDERED that, pursuant to §25-10-404, MCA et seq., all officers of the Court shall perform all services associated with this action, including filing, issuance and service of all pleadings and court orders, without demanding or receiving fees in advance. Leave to file the Petition expires thirty (30) days from the date of this Order.

Dated this _____ day of _____, 20 ____.

DISTRICT COURT JUDGE