

My Name _____
Address _____
City, State, Zip _____
Phone _____
E-mail _____

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

In the District Court of Utah

_____ Judicial District _____ County

Court Address _____

Plaintiff/Petitioner

v.

Defendant/Respondent

Motion and Affidavit to Waive Fees

Case Number _____

Judge _____

Commissioner _____

Instructions:

- You must complete this form before you file it. The judicial services representative cannot complete this form for you.
- Keep a copy of all documents for your records.
- Attend all court hearings.
- Attach:
 - Any documents referred to in this document.
 - Non-Public Information Form, more fully describing any non-public information referred to in this document.

- Certificate Regarding Inmate Account (Inmates only)
- Financial information described in Paragraph (3), (4), (5), or (6), whichever applies
- Proposed Order on Motion to Waive Fees

(1) I move to waive the following court fees: (Choose all that apply.)

- Filing Fee
- OACAP Fee
- Divorce Education Fee
- Parenting Class
- Service Fee
- Future fees for writs
- Other (Describe)
- Other (Describe)

I swear or affirm that:

- (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) This is a domestic case involving a final or temporary order for alimony, child support, debt division, property division, attorney fees paid by the other party, or modification of those orders in which I have to file a Financial Declaration. I have attached the Financial Declaration required for such cases.
- (4) I receive public assistance under: (check all that apply and attach the financial statement used to qualify for the program)
 - Temporary Assistance to Needy Families (TANF); or
 - Supplemental Security Income (SSI); or
 - Medicaid; or
 - General Assistance (GA); or
 - Other _____ (describe);
 and
 - The attached financial information is true and correct.

- (5) I am being represented in this action by: (check all that apply and attach the financial statement used to qualify for representation)
- Utah Legal Services, or an attorney designated by Utah Legal Services; or
 - The Legal Aid Society of Salt Lake;
- and
- The attached financial information is true and correct.
- (6) I have attached a Financial Affidavit Supporting Motion to Waive Fees.

I have not included any non-public information in this document.

Date _____ Sign here ► _____
 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.

Date: _____ Sign here ► _____
 Typed or printed name (Court Clerk or Notary Public) _____

Notary Seal

Certificate of Service

I certify that I served a copy of this Motion and Affidavit 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"/> 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"/> Electronic File		
	<input type="checkbox"/> Mail <input type="checkbox"/> Hand Delivery <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"/> 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.)		

Date _____ Sign here ► _____

Typed or printed name _____