

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 \_\_\_\_\_

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In the District Court of Utah

\_\_\_\_\_ Judicial District \_\_\_\_\_ County

Court Address \_\_\_\_\_

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Plaintiff/Petitioner

v.

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Defendant/Respondent

**Motion and Affidavit to Waive Fees**

Case Number \_\_\_\_\_

Judge \_\_\_\_\_

Commissioner \_\_\_\_\_

**Instructions:** Attach the following:

- 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 court fees.

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 \_\_\_\_\_