

In the District Court Justice Court of Utah

_____ Judicial District _____ County

Court Address _____

Plaintiff/Petitioner

v.

Defendant/Respondent

Order on Motion to Waive Fees

(Non-inmates)

Case Number _____

Judge _____

Commissioner _____

Having reviewed the Motion and Affidavit to Waive Fees and supporting financial evidence, and having made an independent determination based on the information,

The Court Orders that:

- (1) The motion is denied. The party must pay all fees associated with this case.
- (2) The motion is granted. The following fees are waived in full or in part.

Fee	Waived in Full	Amount of Fee	Amount to be Paid by Party
Filing Fee	<input type="checkbox"/>	\$	\$
OCAP Fee	<input type="checkbox"/>	\$	\$
Divorce Education Fee	<input type="checkbox"/>	\$	\$
Parenting Class	<input type="checkbox"/>	\$	\$
Service Fee	<input type="checkbox"/>	\$	\$
Future fees for writs	<input type="checkbox"/>	\$	\$
Other (Describe)	<input type="checkbox"/>	\$	\$
Other (Describe)	<input type="checkbox"/>	\$	\$

- (3) This order is subject to review and amendment until the final judgment or decree.

Date _____ Sign here ► _____

Recommended by Commissioner _____

Date _____ Sign here ► _____

District Court Judge _____

Certificate of Service

I certify that I served a copy of this Order on Motion 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.)		
	<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.)		
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Date _____

Sign here ► _____

Typed or printed name _____