

My Name \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Phone \_\_\_\_\_  
E-mail \_\_\_\_\_

I am the  Petitioner  
 Respondent  
 Subject of the Proceedings  
 Attorney for the  Petitioner  Respondent and my  
Utah Bar number is \_\_\_\_\_

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In the Juvenile Court of Utah

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

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

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State of Utah, in the interest of:  
\_\_\_\_\_, DOB \_\_\_\_\_  
A minor under 18 years of age.

**Financial Affidavit Supporting  
Motion to Waive Fees**

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

Judge \_\_\_\_\_

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**Instructions:** Attach continuation pages, if needed to complete paragraphs that don't have enough space. Write the paragraph number on the continuation page.)

I swear or affirm that:

- the following information is true and correct; and
- I have omitted nothing that is relevant to my financial status.

**(1) Employment Status.**

- I am employed (including self-employment).  
 I am unemployed.

**(2) Monthly Income.**

I have the following monthly income:

Amount	Source of Income
\$	Work (Including self employment, wages, salaries, commissions, bonuses, and tips)
\$	Rental Income
\$	Business Income
\$	Interest and Dividends
\$	Retirement Income (Including pensions, 401(k), IRA, etc.)
\$	Worker's Compensation
\$	Social Security Disability (SSDI and SSI)
\$	Private Disability Insurance
\$	Social Security (Do not include SSDI or SSI)
\$	Unemployment Benefits
\$	Education Benefits
\$	Veteran's Benefits
\$	Alimony
\$	Child Support
\$	Payments from Civil Litigation
\$	Victim Restitution
\$	Public Assistance (Including AFDC, welfare, etc.)
\$	Support from household members
\$	Support from non-household members
\$	Trust Income
\$	Annuity Income
\$	Other (Describe)
\$	Total

I have no income because:

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**(3) Monthly Deductions.**

I have the following deductions from my income:

Amount	Type of Deduction
\$	Federal Income Tax
\$	State Income Tax
\$	FICA
\$	Health Insurance Premiums
\$	Life Insurance Premiums
\$	Union and other dues
\$	Garnishment or Income Withholding Order
\$	Retirement Deposits (Including pensions, 401(k), IRA, etc.)
\$	Other (Describe)
\$	Total

I have no income.

**(4) Net Monthly Income.** My net monthly income is:

\$	Income (from (2)) minus Deductions (from (3))
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**(5) Financial Assets.**

I have the following financial assets:

Asset	Holder (Name & Address)	Co-owner (Name & Address) (If co-owner is not a party, use Non-public Information Form for Address)	Current Value
Bank or Credit Union Account Last 4 digits of acct number: _____			\$
Bank or Credit Union Account Last 4 digits of acct number: _____			\$
Stocks, Bonds, Securities, Money Market Fund Last 4 digits of acct number: _____			\$
Stocks, Bonds, Securities, Money Market Fund Last 4 digits of acct number: _____			\$

Asset	Holder (Name & Address)	Co-owner (Name & Address) (If co-owner is not a party, use Non-public Information Form for Address)	Current Value
Money Owed to You			\$
Cash			\$
Other (Describe)			\$

**(6) Monthly Expenses.** I am personally paying the following monthly expenses:

Amount	Monthly Expense
\$	Rent or mortgage
\$	Food and Household Supplies
\$	Clothing
\$	Transportation (Such as public transportation, automobile payments, insurance, gas, maintenance)
\$	Utilities (Such as electricity, gas, water, sewer, garbage)
\$	Telephone
\$	Credit Card Payments
\$	Loans and Other Debt Payments
\$	Alimony
\$	Child Support
\$	Child Care
\$	Education
\$	Health Care Insurance
\$	Health Care Expenses (Excluding insurance listed above)
\$	Business Expenses
\$	Real Property Taxes
\$	Real Property Insurance
\$	Real Property Maintenance
\$	Other Insurance (Describe)
\$	Entertainment
\$	Laundry and Dry Cleaning
\$	Donations

Amount	Monthly Expense
\$	Gifts
\$	Other (Describe)
\$	Total

**(7) Dependents.** The following people depend on me for support.

Name (Initials only if under 18)	Age	Relationship

**(8) Other.** The following facts also show that I am unable to pay the expenses of these legal proceedings.

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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 Financial Affidavit Supporting 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.)		
(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 \_\_\_\_\_