
(Name)

(Address)

(City)

(Telephone)

Court Decision

_____ Date of approval

_____ Date of denial

(Initials of judge or clerk)

In the Utah Court of Appeals / Utah Supreme Court (circle one)

450 S State St.
Salt Lake City, UT 84111

_____, (name) Appellant / Appellee (circle one) vs. _____, (name) Appellant / Appellee (circle one)	AFFIDAVIT AND APPLICATION FOR WAIVER OF COURT FEES Appellate Case No. _____ Case No. _____ Judge _____
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I solemnly swear or affirm that the following is true: **Due to my poverty, I am unable to bear the expenses of the legal proceedings that I am about to begin, and I believe that I am entitled to the relief sought in these proceedings.**

To obtain a waiver of court fees, I am providing the following financial information:

NOTE: If Section 1 below applies and is completed, then you do not need to complete Section 2. Section 2 must be completed if Section 1 does not apply.

SECTION 1:

- I receive public assistance under Temporary Assistance to Needy Families (TANF), Supplemental Security Income (SSI), Medicaid, or General Assistance (GA).
- I am being represented in this action by Utah Legal Services, or by a volunteer attorney designated by Utah Legal Services. I qualified for such representation because my income at the time my case was accepted did not exceed 125% of federal poverty guidelines.
- I am being represented in this action by Legal Aid Society of Salt Lake. I qualified for such representation because my income at the time my case was accepted did not exceed 150% of federal poverty guidelines.

SECTION 2: Answer all the following questions only if Section I above does not apply.

Income:

I was born on:		
If I am applying for my child, my child's name is:	If I am applying for my child, my child's date of birth is:	
<input type="checkbox"/> I have the following job(s). My employer's name and address is: (If you do not have a job, write "None" in this space.)	Monthly pay before deductions: \$ _____	Monthly pay after deductions: \$ _____
<input type="checkbox"/> I have income from sources other than employment. <i>Include such sources as rental income, money or other support from non-household family members, etc.)</i>	Source of income	Monthly income, non-wage \$ _____
<input type="checkbox"/> I receive this much per month from government programs. <i>(Include such sources as social security benefits, worker's compensation, veterans non-educational benefits, housing, food, other living allowances, etc.)</i>	Source of income	Monthly income from government programs \$ _____
<input type="checkbox"/> I share a household with other adults, some of whom have jobs and share the cost of household expenses. The names and my relationship to these household members are listed in this box: Name: _____ Relation: _____ Name: _____ Relation _____	Monthly pay before deductions of other adults in household: \$ _____ \$ _____	Monthly pay after deduction of other adults in household: \$ _____ \$ _____
<input type="checkbox"/> I receive this much alimony per month:	\$ _____	

Assets

<input type="checkbox"/> I have this much money in cash, in the bank, in stocks or bonds, or in other available sources:	\$ _____
<input type="checkbox"/> Other people or organizations owe me this much money:	\$ _____
<input type="checkbox"/> If Applicant is a prisoner, how much is held in Applicant's trust account? <i>(Certificate Regarding Inmate Account must be filed.)</i>	\$ _____

I own or am buying a **home, land**, or other **real property**, and **vehicles** or **other personal** property as listed below

Property (home, land, vehicles, etc.) and location	Balance owed	Value
Home		\$ _____
Land and other real property		\$ _____
Cars, trucks, or other vehicles		\$ _____
Other personal property		\$ _____

Debt

I owe the following debts:

To whom owed	Amount	To whom owed	Amount
	\$ _____		\$ _____
	\$ _____		\$ _____
	\$ _____		\$ _____

Expenses

In an average month, I spend money for the following items:

	Amount		Amount		Amount
Food	\$ _____	Gas	\$ _____	Child support	\$ _____
Clothing	\$ _____	Water	\$ _____	Child care	\$ _____
Cost of housing	\$ _____	Telephone	\$ _____	Education expense for children	\$ _____
Transportation	\$ _____	Uninsured medical expenses	\$ _____	Other (list)	\$ _____
Electricity	\$ _____	Health insurance	\$ _____	Other (list)	\$ _____

The following people depend on me for support:

Name	Age	Relationship	Name	Age	Relationship	Lives in household with me: Yes or No?

The following facts also indicate that I am unable to pay court fees and costs:

Being sworn, I state that I have read this Affidavit and Application for Waiver of Court Fees, and the statements in it are true and correct to the best of my knowledge. I realize that an intentionally false statement could subject me to prosecution for perjury.

DATED: _____
Appellant

NOTARY CLAUSE

_____, Appellant, is personally known to me or presented satisfactory proof of identity to me. After being sworn and while under oath, Appellant stated that he or she was acting voluntarily, had read and understood the preceding document, and that the contents were true. Appellant then signed the document in my presence.

Signed on _____, 20____.

X _____
Notary Public / Court Clerk

(Notary Seal)