
Name

Address

City, State, Zip

Phone

Email

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

In the District Justice Court of Utah

_____ Judicial District _____ County

Court Address _____

	Affidavit Supporting Motion to Waive Fees
_____ Plaintiff/Petitioner	_____ Case Number
v.	_____ Judge
_____ Defendant/Respondent	_____ Commissioner

I swear or affirm that the following information is true and I have omitted nothing that is relevant to my financial status.

(1) Employment

I am unemployed because:

I am employed by: (Include self-employment.)

Name of Employer	Doing Business As (DBA)	Address & Telephone Number

(2) Dependents (Include spouse, children or other dependents in your household.)

The following people depend on me for support.

Name (use initials of children under 18)	Age	Relationship to Me

(3) Gross Monthly Income (Income before tax deductions)

I have no income because:

I have the following monthly income:

(Print your pre-tax income in the boxes below. If directed to do so by the court, you must be able to produce evidence of the items listed, such as most recent pay stubs, federal and state tax returns, W-2 forms, or a work history report from the Department of Workforce Services. For income that changes from month to month, calculate the annual total and divide by 12 months to list a monthly average.)

Source of Income	Monthly Amount
Work (Including self employment, wages, salaries, commissions, bonuses, tips and overtime)	\$
Rental Income	\$
Business Income	\$
Interest and Dividends	\$
Retirement Income (Including pensions, 401(k), IRA, etc.)	\$

Source of Income	Monthly Amount
Worker's Compensation	\$
Private Disability Insurance	\$
Social Security Disability Income (SSDI)	\$
Supplemental Security Income (SSI)	\$
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)	\$
Other (Describe)	\$
Total Monthly Gross Income (Income before tax deductions)	\$

(4) Monthly Tax Deductions

[] I have the following deductions from my income:

(These are deductions required by law which you do not make voluntarily. There may be other funds withheld from your paycheck that you will report in Paragraph (6). If directed to do so by the court, you must be able to produce evidence of the items listed, such as most recent pay stubs, federal and state tax returns, W-2 forms, or a work history report from the Department of Workforce Services.)

Type of Deduction	Amount
Federal Income Tax	\$
State Income Tax	\$
Municipal Income Tax	\$
FICA	\$

Type of Deduction	Amount
Medicare	\$
Total Monthly Tax Deductions	\$

(5) Disposable Monthly Income

I have no income.

My disposable monthly income is:

\$ _____ Gross Monthly Income from (3)
 - \$ _____ Minus Monthly Tax Deductions from (4)
 = \$ _____ Equals Disposable Monthly Income

(6) Monthly Expenses (Include amounts withheld from your paycheck other than tax deductions reported in Paragraph (4). For expenses that change from month to month, calculate the annual total and divide by 12 to list a monthly average. Include amounts you pay for yourself and any spouse, children or other dependents in your household. If directed to do so by the court, you must be able to produce evidence of the items listed.)

I am personally paying the following monthly expenses:

Monthly Expense	Amount
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	\$

Monthly Expense	Amount
Real Property Taxes	\$
Real Property Insurance	\$
Real Property Maintenance	\$
Other Insurance (Describe)	\$
Entertainment	\$
Laundry and Dry Cleaning	\$
Donations	\$
Gifts	\$
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 Monthly Expenses	\$

(7) Financial Assets You Own (If directed to do so by the court, you must be able to produce evidence of the items listed.)

Asset	Holder (Name & Address)	Co-owner (Name & Address)	Current Value
Bank or Credit Union Account			\$
Bank or Credit Union Account			\$
Stocks, Bonds, Securities, Money Market Account			\$
Stocks, Bonds, Securities, Money Market Account			\$
Money Owed to You			\$

Asset	Holder (Name & Address)	Co-owner (Name & Address)	Current Value
Cash			\$
Other (Describe)			\$

(8) Real Property You Own (If directed to do so by the court, you must be able to produce evidence of the items listed, such as mortgage statements, tax appraisal, etc.)

Address _____

_____ \$ _____ \$
 Date Acquired In Whose Name? Original Cost Current Value

_____ \$ _____ \$
 First Mortgage or Lien Holder (Name & Address) Amount Owed Monthly Payments

_____ \$ _____ \$
 Second Mortgage or Lien Holder (Name & Address) Amount Owed Monthly Payments

(9) Personal Property You Own (If directed to do so by the court, you must be able to produce evidence of the items listed.)

Property (Such as vehicles, boats, trailers, major equipment, etc.)	Lien Holder (Name & Address)	In Whose Name?	Current Value	Amount Owed	Monthly Payments
Vehicle (Year, Make, Model)			\$	\$	\$
Vehicle (Year, Make, Model)			\$	\$	\$
Other (Describe)			\$	\$	\$

Property (Such as vehicles, boats, trailers, major equipment, etc.)	Lien Holder (Name & Address)	In Whose Name?	Current Value	Amount Owed	Monthly Payments
Other (Describe)			\$	\$	\$

(10) Credit Available (If directed to do so by the court, you must be able to produce evidence of the items listed.)

Credit Card	Bank or Credit Union	Credit Limit	Credit Available
		\$	\$
		\$	\$
		\$	\$
		\$	\$

(11) Debts You Owe (Do not include amounts you owe on property reported in Paragraphs (8) and (9). If directed to do so by the court, you must be able to produce evidence of the items listed, such as credit card statements, loan documents, leases, bills, etc.)

Debt Owed To (Name & Address of Creditor)	Purpose of Debt (Such as credit card, cash loan, installment payment, etc.)	In Whose Name?	Amount Owed	Monthly Payments
			\$	\$
			\$	\$
			\$	\$
			\$	\$

(12) Other

The following facts also show that I am unable to pay the cost of these proceedings.

_____ Sign here ► _____
Date
Typed or Printed Name _____

On this date, I certify that _____ (name)
who is known to me or who presented satisfactory identification, in the form of
_____ (form of identification), has, while in my
presence and while under oath or affirmation, voluntarily signed this document and declared that it is true.

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