

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Email

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

In the Juvenile Court of Utah

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

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

State of Utah, in the interest of

\_\_\_\_\_  
Last name, first name

\_\_\_\_\_  
Date of birth

A minor  
 under  over 18 years of age, and  
 represented  not represented.

**Financial Statement Supporting  
Motion to Waive Fees**

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

\_\_\_\_\_  
Judge

**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)

Amount	Source of Income
\$	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: _____			\$
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

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

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

Name	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 declare under criminal penalty under the law of Utah that everything stated in this document is true.

Signed at \_\_\_\_\_ (city, and state or country).

\_\_\_\_\_ Signature ► \_\_\_\_\_  
Date Printed Name \_\_\_\_\_