

This is a private record

Name

Address

City, State, Zip

Phone

Email

Check your email. You will receive information and documents at this email address.

I am Plaintiff/Petitioner Defendant/Respondent
 Plaintiff/Petitioner's Attorney Defendant/Respondent's Attorney (Utah Bar #: _____)
 Plaintiff/Petitioner's Licensed Paralegal Practitioner
 Defendant/Respondent's Licensed Paralegal Practitioner (Utah Bar #: _____)

In the Springville Justice Court of Utah

4th Judicial District in Utah County

110 South Main Street, Springville, UT 84663

| | |
|---|--|
| <p>_____ Plaintiff/Petitioner</p> <p>v.</p> <p>_____ Defendant/Respondent</p> | <p>Motion to Waive Fees (Utah Code 78A-2-302 and Code of Judicial Administration Rule 4-508)</p> <p>_____ Case Number</p> <p>Judge Jewell</p> |
|---|--|

1. I cannot pay the court fees in this case. I believe I qualify for a waiver. I ask the court to waive the following fees: (Choose all that apply. If you need help, ask court staff.)

- | | |
|---|---|
| <input type="checkbox"/> Filing fee (Refer to Cover Sheet): Amount: \$ _____ | <input type="checkbox"/> Appeal fee <input type="checkbox"/> \$240 Filing <input type="checkbox"/> \$10 Small claims appeal (Justice Court) |
| <input type="checkbox"/> Required classes: parenting (\$35) & orientation (\$30.00) | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Office of Vital Records fee (Adoption Certificate or Divorce Certificate - \$8.00) | |
| <input type="checkbox"/> Fee to have papers served in Utah | |
| <input type="checkbox"/> OCAP fee (\$20.00) | |

2. I qualify for a fee waiver because: (Choose all that apply.)

a. I receive: (Choose all that apply.)

Food Stamps (SNAP)

SSI

Medicaid

FEP or TANF

b. I receive legal services from:

a nonprofit provider: (name of provider) _____

a pro bono attorney through the Utah State Bar.

c. the gross monthly income for my household (before deductions for taxes) is equal to or is less than the amount listed below: (Choose one.)

| Household size | Household income | Household size | Household income | Household size | Household income |
|----------------------------|------------------|----------------------------|------------------|----------------------------|------------------|
| <input type="checkbox"/> 1 | \$1,882.50 | <input type="checkbox"/> 3 | \$3,227.50 | <input type="checkbox"/> 5 | \$4,572.50 |
| <input type="checkbox"/> 2 | \$2,555.00 | <input type="checkbox"/> 4 | \$3,900.00 | <input type="checkbox"/> 6 | \$5,245.00 |

My household is larger than 6. My household size is ____ and our household income is \$ _____. (For each additional household member over six, add \$672.50)

d. I don't qualify under options a-c above. But I don't have enough money to pay the court fees and provide myself or my family with food, shelter, clothing, or other necessities. (If you choose this option you must fill out the Extra Information for Fee Waiver form).

3. The amount of money held in my prisoner trust account is: \$_____.

Warning: It is a crime for anyone to intentionally or knowingly provide false or misleading information to the court when seeking a waiver of a court fee.

I do solemnly swear or affirm that due to my poverty I am unable to bear the expenses of the action or legal proceedings which I am about to commence or the appeal which I am about to take, and that I believe I am entitled to the relief sought by the action, legal proceedings, or appeal.

Plaintiff/Petitioner or Defendant/Respondent

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).

Date Signature ► _____
Printed Name _____

Attorney or Licensed Paralegal Practitioner of record (if applicable)

Date Signature ► _____
Printed Name _____

Extra Information for Fee Waiver

Case Number _____

(Do you need to complete this form? Only if you are not receiving public assistance, legal services from a nonprofit provider or a pro-bono attorney through the Utah State Bar, or do not meet the federal poverty guidelines.)

1. Employment

I am employed as (Choose all that apply):

an hourly employee (Form W-2)

a salaried employee (Form W-2)

self-employed (Form 1099, Form K-1, Schedule C, etc.)

other (Explain): _____

| Name of employer | Employer's address and phone number | Job title | Hourly rate or annual salary | Hours per week (If hourly) |
|------------------|-------------------------------------|-----------|------------------------------|----------------------------|
| | | | \$ | |
| | | | \$ | |
| | | | \$ | |

I am unemployed because:

2. Dependents (Count spouse, children or other dependents in your household. If none, write 0.)

The following people depend on me for support.

| | |
|-----------------------------|--|
| Number of adults | |
| Number of children under 18 | |

3. Gross Monthly Income

I have the following monthly income before tax deductions:
 (Print your pre-tax income in the boxes below. 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 | \$ |
| Dividends | \$ |
| Retirement income (Including pensions, 401(k), IRA, etc.) | \$ |
| Worker's compensation | \$ |
| Private disability insurance | \$ |
| Social Security Disability Income (SSDI) | \$ |
| Supplemental Security Income (SSI) | \$ |
| Social Security (Other than SSDI or SSI) | \$ |
| Unemployment benefits | \$ |
| Education benefits (Including grants, loans, cash scholarships, etc.) | \$ |
| Veteran's benefits | \$ |
| Alimony | \$ |
| Child support | \$ |
| Payments from civil litigation | \$ |
| Victim restitution | \$ |
| Public assistance (Including AFDC, FEP, TANF, welfare, etc.) | \$ |
| Financial support from household members | \$ |
| Financial support from non-household members | \$ |
| Trust income | \$ |
| Annuity income | \$ |
| Other (Describe) | \$ |
| Other (Describe) | \$ |
| Total gross monthly income | \$ |

I have no income because:

4. Monthly Tax Deductions

I have no monthly tax deductions because I have no income.

I have the following monthly tax deductions.

| Type of tax deduction | Amount |
|-------------------------------------|-----------|
| Federal income tax | \$ |
| State income tax | \$ |
| Municipal income tax | \$ |
| FICA | \$ |
| Medicare | \$ |
| Total monthly tax deductions | \$ |

5. After Tax Income

My monthly income is:

| | |
|------------|---|
| \$ _____ | Gross monthly income from section 5 |
| - \$ _____ | Minus monthly tax deductions from section 6 |
| | |
| = \$ _____ | Equals after-tax monthly income |

I have no income.

6. Monthly Expenses (Include amounts you pay for yourself and any spouse, children or other dependents in your household.)

| Monthly expense | Current Amount |
|---|----------------|
| Rent or mortgage | \$ |
| Real estate taxes (if not included in mortgage) | \$ |
| Real estate insurance (if not included in mortgage) | \$ |
| Real estate maintenance | \$ |
| Food and household supplies | \$ |
| Clothing | \$ |

| Monthly expense | Current Amount |
|---|----------------|
| Automobile payments | \$ |
| Automobile insurance | \$ |
| Automobile fuel | \$ |
| Automobile maintenance | \$ |
| Other transportation costs (public transportation, parking, etc.) | \$ |
| Utilities (such as electricity, gas, water, sewer, garbage) | \$ |
| Telephone | \$ |
| Paid television, cable, satellite | \$ |
| Internet | \$ |
| Credit card payments | \$ |
| Loans and other debt payments | \$ |
| Alimony | \$ |
| Child support | \$ |
| Child care | \$ |
| Extracurricular activities for children | \$ |
| Education (children) | \$ |
| Education (self) | \$ |
| Health care insurance | \$ |
| Health care expenses (excluding insurance listed above) | \$ |
| Other insurance (describe) | \$ |
| Entertainment | \$ |
| Laundry and dry cleaning | \$ |
| Donations | \$ |
| Gifts | \$ |
| Union and other dues | \$ |
| Garnishment or income withholding order | \$ |
| Retirement deposits (including pensions, 401(k), IRA, etc.) | \$ |
| Other (describe) | \$ |
| Other (describe) | \$ |
| Total monthly expenses | \$ |

7. **Business Interests** (Add additional sheets if needed.)

I have no business interests.

I have the following business interests.

| | | |
|-------------------------------------|--|--|
| Business name | | |
| Address & phone | | |
| Nature of business | | |
| Current value of the business \$ | Percent owned by _____ % Petitioner _____ % Respondent | |

| | | |
|-------------------------------------|--|--|
| Business name | | |
| Address & phone | | |
| Nature of business | | |
| Current value of the business \$ | Percent owned by _____ % Petitioner _____ % Respondent | |

8. Financial Assets (Add additional sheets if needed.)

I have no financial assets.

I have the following financial assets.

| Asset | Name & address of institution | Names on account | Current balance |
|--|-------------------------------|------------------|-----------------|
| Bank or credit union Account number: _____ Date opened: _____ Type: <input type="checkbox"/> checking <input type="checkbox"/> savings <input type="checkbox"/> other | | | \$ |
| Bank or credit union Account number: _____ Date opened: _____ Type: <input type="checkbox"/> checking <input type="checkbox"/> savings <input type="checkbox"/> other | | | \$ |

| Asset | Name & address of institution | Names on account | Current balance |
|---|-------------------------------|------------------|-----------------|
| Stocks, bonds, securities, money market account Account number: _____ Date opened: _____ | | | \$ |
| Retirement account Account number: _____ Date opened: _____ | | | \$ |
| Profit sharing plan Account number: _____ Date opened: _____ | | | \$ |
| Annuity Account number: _____ Date opened: _____ | | | \$ |
| Life insurance Account number: _____ Date opened: _____ | | | \$ |
| Money owed to me Date of loan: _____ | | | \$ |
| Cash | | | \$ |
| Other (describe) | | | \$ |
| Other (describe) | | | \$ |

9. **Real Estate** (Add additional sheets if needed.)

I have no real estate.

I have the following real estate.

Home

| | | | |
|---|------------------|---------------------|------------------------|
| Address | | | |
| Date acquired | Name(s) on title | \$ 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 |

Other real estate

| | | | |
|---|------------------|---------------------|------------------------|
| Address | | | |
| Date acquired | Name(s) on title | \$ 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 |

10. **Personal Property** (Such as vehicles, boats, trailers, major equipment, furniture, jewelry, and collectibles. Add additional sheets if needed.)

- I have no personal property.
- I have the following personal property.

| Property description (if automobile, include year, make, and model) | Debt owed to (name and address) | Names on title (if applicable) | Amount owed | Minimum monthly payments |
|--|------------------------------------|-----------------------------------|-------------|--------------------------|
| | | | \$ | \$ |
| | | | \$ | \$ |
| | | | \$ | \$ |
| | | | \$ | \$ |
| | | | \$ | \$ |

11. **Debts Owed** (Do not include amounts you owe on property reported in the Real Estate or Personal Property sections. Add additional sheets if needed.)

- I do not owe any debts.
- I owe the following debts.

| Type of debt (such as credit card, cash loan, or installment payment) | Debt owed to (name and address and phone number) | Names on debt | Amount owed | Minimum monthly payments |
|--|--|---------------|----------------|--------------------------------|
| | | | \$ | \$ |
| | | | \$ | \$ |
| | | | \$ | \$ |
| | | | \$ | \$ |
| | | | \$ | \$ |
| | | | \$ | \$ |

12. Other

[] The following facts also show why I cannot pay these court fees.

Plaintiff/Petitioner or Defendant/Respondent

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).

Date

Signature ► _____
Printed Name _____

Attorney or Licensed Paralegal Practitioner of record (if applicable)

Date

Signature ► _____
Printed Name _____

Name

Address

City, State, Zip

Phone

Email

In the Springville Justice Court of Utah
 4th Judicial District in Utah County
 110 South Main Street, Springville, UT 84663

| | |
|---|--|
| <hr/> <p>Plaintiff/Petitioner</p> <p>v.</p> <hr/> <p>Defendant/Respondent</p> | <p>Order on Motion to Waive Fees</p> <hr/> <p>Case Number</p> <p>Judge Jewell</p> |
|---|--|

The matter before the court is a Motion to Waive Fees. Having reviewed the Motion to Waive Fees and Statement Supporting Motion and supporting financial evidence, and having made an independent determination,

The court orders:

1. **The motion is denied.** The information shows that the party is reasonably able to pay the fees.

2. **The motion is denied.** The party failed to provide the required information. The party may re-file the motion with the required information within 14 days.

3. **The motion is granted.** The following fees are waived. If the fee is waived in part, it is because the party is reasonably able to pay the balance.

| Fee | Waived in Full | Waived in Part – Amount to be Paid |
|---|----------------|------------------------------------|
| Filing fee | [] | |
| OCAP fee | [] | |
| Required classes | | |
| parenting class fees | [] | |
| orientation class fees | [] | |
| Vital stats fee – divorce certificate or report of adoption | [] | |
| Fee to have papers served within Utah | [] | |
| Other (Describe.) | [] | |

4. Any fees not waived must be paid within 30 days or the case may be dismissed.
5. This order is subject to review and amendment as long as the court has jurisdiction of the case.

Judge's signature may instead appear at the top of the first page of this document.

_____ Signature ► _____
Date _____ Judge _____

Notice to the Moving Party

If the fee waiver was denied because the judge found **you are reasonably able to pay** (paragraph 1 is marked), and you:

- have lost your source of income;
- have unaccounted expenses limiting your ability to pay;
- will suffer immediate irreparable harm if the action is delayed; or
- would lose the opportunity to file the case because of the delay,

you may file a Memorandum Demonstrating Inability to Pay Fees within 10 days of the date of this order.

If the fee waiver was denied **because you failed to provide the required information** (paragraph 2 is marked), and you want your request to be reconsidered, you must file a corrected motion with the required information within 14 days of the date of this order.

Clerk's Certificate of Service

I certify that on _____ (date) a copy of this order was served on the moving party by the method indicated below:

| Mailed | Emailed | Party Name | Mail or Email Address |
|--------------------------|--------------------------|------------|-----------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| | | | _____ |

Date

Signature ►

Printed name of court clerk