

STATE OF MICHIGAN 6th JUDICIAL CIRCUIT	AFFIDAVIT AND ORDER SUSPENSION OF FEES/COSTS	CASE NO.
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1200 Telegraph, Pontiac, Michigan

Plaintiff/Petitioner name, address, and telephone no.	V	Defendant/Respondent name, address, and telephone no.
Plaintiff/Petitioner's attorney, bar no., address & telephone no.		Defendant/Respondent's attorney, bar no., address & telephone no.
<input type="checkbox"/> Probate In the matter of _____		

NOTE: Requests for waiver/suspension of transcript costs must be made separately by motion.

ORDER

IT IS ORDERED:

- 1. Fees and costs are waived/suspended in any matter submitted to the court by way of motion or complaint during the next 30 days. If a motion or complaint has already been filed, this order shall suspend any judgment fee resulting out of an order entered on that motion or complaint only. This fee waiver does not apply to any future action initiated on this case.
- 2. Fees and costs in this action required by law or court rule are waived/suspended until further order of the court. Before any final disposition or discontinuance is entered, the moving party shall bring the fee and costs suspension to the attention of the judge for final disposition.
- 3. The applicant's spouse shall pay the fees and costs required by law or court rule.
- 4. This application is denied.

Date

Judge

Bar no.

AFFIDAVIT

1. The attached pleading is to be filed with the court by or on behalf of _____,
Name
applicant, who is plaintiff/petitioner. defendant/respondent.

2. The applicant is entitled to and asks the court for suspension of fees and costs in the action for the following reason:

a. S/he is currently receiving public assistance: \$ _____ per _____ Case No.: _____.

NOTE: Verification of public assistance benefit amount must be attached.

b. S/he is unable to pay those fees and costs because of indigency, based on the following facts:

INCOME: _____
Employer name and address

Length of employment _____
Average gross pay _____
Average net pay _____ per week. month. two weeks.

ASSETS: State value of car, home, bank deposits, bonds, stocks, etc.

OBLIGATIONS: Itemize monthly rent, installment payments, mortgage payments, child support, etc.

NOTE: Verification of income, assets and expense obligations must be attached.

3. (in domestic relations cases only) The applicant is entitled to an order requiring his/her spouse to pay attorney fees.

REIMBURSEMENT: It is understood that this order shall waive fees only at the matter currently before the court and the applicant may be later required to pay fees and costs.

Affiant signature

Subscribed and sworn to before me on _____, Oakland County, Michigan.

My commission expires: _____ Signature: _____

Date

Deputy clerk/Register/Notary public

Notary public, State of Michigan, County of Oakland. _____

CERTIFICATION OF ATTORNEY

1. I have reviewed the affidavit of indigency, and I certify that its contents are true to the best of my information, knowledge, and belief.
2. I will bring to the court's attention the matter of suspended costs and fees and the availability of funds to pay them before any disposition is entered. I will report at that time any changes in the information contained in the affidavit of indigency or any other information regarding the affiant's financial status or alterations of the fee arrangement.

Date

Attorney signature

Attorney name (type or print)

Bar no.

CERTIFICATION BY PERSON OTHER THAN PARTY

1. I have personal knowledge of the facts appearing in the affidavit.
2. The person in whose behalf the petition is filed is unable to sign it because of

minority: _____ other disability: _____

Date of birth

Nature of disability

Relationship: _____

Date

Affiant signature

Affiant name (type or print)

Address

City, state, zip

Telephone no.

STATE OF MICHIGAN	FINANCIAL STATEMENT	CASE NO.
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Court address _____ **Court telephone no.** _____

PERSONAL INFORMATION

Name (last, first, middle)			Date of birth		SSN (last 4 digits)
Address <input type="checkbox"/> house <input type="checkbox"/> apartment <input type="checkbox"/> lot no.			City		Zip
Home phone no.	Work phone no.	Cellular phone no.	Driver's license no.	State	E-mail address
Mailing address (if different than above)			Marital status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced If divorced, date final _____		
Name and address of nearest living relative			Relationship		Phone no.
Names of dependents		Dates of birth	Student (Yes/No)	College/University	
Employer 1 (Company name and address)			Length of employment		
Employer 2 (Company name and address)			Length of employment		
If self-employed, type of business/trade		If unemployed, source of support <input type="checkbox"/> General assistance <input type="checkbox"/> SSI <input type="checkbox"/> Food stamps <input type="checkbox"/> AFDC			
Have you ever filed for bankruptcy? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, date filed		Date completed	

ASSETS

Vehicle #1	Year / Make	Present value \$
Vehicle #2	Year / Make	Present value \$
Bank/Financial account no.	Name and address of financial institution	Present balance \$
Investment/Brokerage account no.	Name and address of financial institution	Present balance \$
Other property such as real estate, boats, snowmobiles (describe)		Value \$
TOTAL ASSETS		\$

MONTHLY INCOME	
Gross monthly income (self)	\$
Gross monthly income (spouse)	\$
Unemployment benefits	\$
Social security	\$
Retirement/Pension benefits	\$
Child support	\$
Alimony/Maintenance	\$
Disability	\$
Veteran's benefits	\$
Interest/Dividends	\$
Other (cash):	\$
TOTAL INCOME	\$

MONTHLY EXPENSES	
Mortgage or rent	\$
Utilities	\$
Vehicle payments	\$
Insurance (vehicle/health/life)	\$
Other loan payments	\$
Child support/Alimony	\$
Medical payments	\$
Court payments	\$
Other:	\$
TOTAL EXPENSES	\$

Financial Report Authorization: I authorize the court, the court's funding unit, and their employees or agents to obtain a consumer credit report and other financial information about me from a consumer credit reporting agency or any other entity.

I certify under penalty of perjury that this financial statement is a complete and accurate statement of my income, assets, and expenses, and that I have no other additional income. I will provide supporting documentation of income and debts upon request.

Date _____ Signature _____