

STATE OF MICHIGAN JUDICIAL DISTRICT JUDICIAL CIRCUIT COUNTY PROBATE	FEE WAIVER REQUEST	CASE NO.
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Court address

Court telephone no.

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

Instructions: Complete the form and file it with the clerk. After you receive a decision on your request, you must serve your request and the decision on the other party.

I request a waiver of my filing fees for the following reason: (Check 1, 2, or 3)

1. I receive the following type(s) of public assistance because of indigence:
- Food Assistance Program through the State of Michigan (also known as FAP or SNAP)
 - Medicaid (including Healthy Michigan, CHIP, and ESO)
 - Family Independence Program through the State of Michigan (also known as FIP or TANF)
 - Women, Infants, and Children benefits (WIC)
 - Supplemental Security Income through the federal government (SSI)
 - Other means-tested public assistance: _____

My public assistance case number(s) (if any) is _____ .
Write "none" if no case number. Do not write your SSN.

2. I am represented by a legal services program or I receive assistance from a law school clinic because of indigence. The name of the legal services program or law school clinic is _____ .

3. I am unable to pay the fees and I did not check item 1 or 2.
My gross household income is \$ _____ every _____ .
The number of people in my household is _____ . Week/Two weeks/Month/Year
My source of income is _____ .
List assets and their worth, such as bank accounts. If you need more space, attach a separate sheet.

List obligations and how much you pay, such as rent or other debts. If you need more space, attach a separate sheet.

I declare under the penalties of perjury that this request has been examined by me and that its contents are true to the best of my information, knowledge, and belief.

Date

Signature

FOR CLERK USE ONLY: Payment of filing fees is waived.

Date

Signature of court clerk

ORDER

IT IS ORDERED:

- 1. Payment of filing fees is waived because:
 - a. Your gross household income is under 125% of the federal poverty guidelines.
 - b. Your gross household income is above 125% of the federal poverty guidelines, but payment of the fees would constitute a financial hardship for you.
 - c. Other:

If you become able to pay the fees before this case is resolved, you must notify the court.

- 2. The fee waiver request is denied because:
 - a. Your gross household income is above 125% of the federal poverty guidelines and payment of the fees would not constitute a financial hardship for you.
 - b. Other:

Date

Judge

Bar no.