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| STATE OF MICHIGAN JUDICIAL DISTRICT JUDICIAL CIRCUIT COUNTY PROBATE | FEE WAIVER REQUEST | CASE NO. and JUDGE |
|--|---------------------------|---------------------------|

Court address _____ **Court telephone no.** _____

| | | |
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| Plaintiff/Petitioner's name, address, and telephone no. | v | Defendant/Respondent's name, address, and telephone no. |
| Plaintiff/Petitioner's attorney, bar no., address, and telephone no. | | Defendant/Respondent's attorney, bar no., address, and telephone no. |

In the matter of _____

Instructions: Complete this form and file it with the court. After you receive a decision on your request, you must serve your request and the decision on the other party(ies).

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 above.
 My gross household income is \$ _____ every _____
Week/Two weeks/Month/Year
 The number of people in my household is _____
 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 |
| Approved, SCAO Form MC 20, Rev. 10/19 MCR 2.002 Page 1 of 2 | Distribute form to: Court Applicant Other parties Friend of the court (when applicable) |

CLERK WAIVER

1. Payment of filing fees is waived.

Signature of court clerk and date

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:

Judge/Magistrate (when authorized) signature and date

NOTICE

IF YOUR REQUEST WAS DENIED: To continue your case and preserve your filing date, you have 14 days from the issue date below to pay the filing fees or request a review. To request a review, fill out a Request for Review of Denied Fee Waiver (form MC 114) and file it with the court.

Issue date (completed by clerk)