

Original - Court
1st copy - Applicant
2nd copy - Other party

3rd copy - Friend of the court
(when applicable)
JIS CODE: OSF

STATE OF MICHIGAN JUDICIAL DISTRICT 8TH JUDICIAL CIRCUIT COUNTY PROBATE	FEE WAIVER REQUEST	CASE NO.
Court address 631 N. STATE ST, STANTON, MI 48888		Court telephone no. (989) 831-3520
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 _____
Do not include your Social Security number.
- ☐ 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.
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. The applicant's gross household income is under 125% of the federal poverty level.
 - ☐ b. Other:

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

- ☐ 2. The fee waiver request is denied. To continue your case, you have 14 days from the date of this order to pay the filing fees or request a review. To request a review, complete and file the request for review (form MC 114).

The reason for denial is:

Date

Judge

Bar no.