

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 _____
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.