

\_\_\_\_\_  
Full Name of Party Filing Document

\_\_\_\_\_  
Mailing Address (Street or Post Office Box)

\_\_\_\_\_  
City, State and Zip Code

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Email Address (if any)

IN THE DISTRICT COURT FOR THE \_\_\_\_\_ JUDICIAL DISTRICT  
FOR THE STATE OF IDAHO, IN AND FOR THE COUNTY OF \_\_\_\_\_

\_\_\_\_\_,  
Plaintiff,  
vs.  
\_\_\_\_\_,  
Defendant.

Case No. \_\_\_\_\_

MOTION AND AFFIDAVIT FOR FEE  
WAIVER

Plaintiff  Defendant asks to start or defend this case without paying fees, Idaho Code  
Section 31-3220, and certify:

1. This is an action for (type of case) \_\_\_\_\_.
2. I am unable to pay the court costs. I verify that the statements made in this Affidavit are true and correct. I understand that a false statement in this Affidavit is perjury and I could be sent to prison for one to 14 years. The waiver of payment does not prevent the court from later ordering me to pay costs and fees.

(Do not leave any items blank. If any item does not apply, write "N/A". Attach additional pages if more space is needed for any response.)

**IDENTIFICATION AND RESIDENCE:**

Name: \_\_\_\_\_ Other name(s) I have used: \_\_\_\_\_

\_\_\_\_\_  
Address: \_\_\_\_\_

How long at that address? \_\_\_\_\_ Phone: \_\_\_\_\_

Year and place of birth: \_\_\_\_\_

Education completed (years): \_\_\_\_\_

**FAMILY:**

Marital Status:  Single  Married  Divorced  Widowed  Separated

The following minor children live with me:

Name (use initials only)	Age	Relationship	Child Support Received (\$/month)
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**EMPLOYMENT:**

Occupation: \_\_\_\_\_ Employed by: \_\_\_\_\_

Position: \_\_\_\_\_ Salary: \$ \_\_\_\_\_ or \$ \_\_\_\_\_ per hour

Monthly gross income \$ \_\_\_\_\_ If your current position is temporary what are the start and end dates? \_\_\_\_\_

Phone number to use to verify: \_\_\_\_\_ If you have held this job less than one year, previous employer: \_\_\_\_\_

Phone number to use to verify: \_\_\_\_\_

Spouse's Occupation: \_\_\_\_\_ Employed by: \_\_\_\_\_

Position: \_\_\_\_\_ Salary: \$ \_\_\_\_\_ or \$ \_\_\_\_\_ per hour

Monthly gross income \$ \_\_\_\_\_ If your spouse's current position is temporary what are the start and end dates? \_\_\_\_\_

I receive assistance or support from the following sources and in the following monthly amounts:

Spouse: \$ \_\_\_\_\_ Welfare: \$ \_\_\_\_\_ Food Stamps: \$ \_\_\_\_\_ Relatives: \$ \_\_\_\_\_

Unemployment Compensation: \$ \_\_\_\_\_ Social Security: \$ \_\_\_\_\_ Retirement: \$ \_\_\_\_\_

Former Spouse: \$ \_\_\_\_\_ Other (identify) \_\_\_\_\_ \$ \_\_\_\_\_

If unemployed, how long since your last regular employment? \_\_\_\_\_

List all places where you have applied for work in the last six months:

Company	Last Applied	Reason for Rejection
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Are you willing to work now? \_\_\_\_\_ What work can you do? \_\_\_\_\_

What is the minimum wage for which you are willing to work? \$ \_\_\_\_\_

List all employers you worked for during the last three years.

Company	Date Terminated	Ending Salary	Reason for Termination
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Are you capable of working now?  Yes  No If no, why not? \_\_\_\_\_

If a health problem keeps you from working, provide the name of your treating doctor: \_\_\_\_\_  
\_\_\_\_\_. Is your health problem permanent?  Yes  No

When will you be released to work? \_\_\_\_\_

**ASSETS:**

List all real property (land and buildings) owned or being purchased by you.

Address	City	State	Legal Description	Value	Your Equity
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List all other property owned by you and state its value.

Description (provide description for each item)	Value
Cash_____	_____
Notes and Receivable_____	_____
Vehicles_____	_____
Bank/Credit Union/Savings/Checking Accounts_____	_____
Stocks/Bonds/Investments/Certificates of Deposit_____	_____
Trust Funds_____	_____
Retirement Accounts/IRAs/401(k)s_____	_____
Cash Value Insurance_____	_____
Motorcycles/Boats/RVs/Snowmobiles_____	_____
Furniture/Appliances_____	_____
Jewelry/Antiques/Collectibles_____	_____
TVs/Stereos/Computers/Electronics_____	_____
Tools/Equipment_____	_____
Sporting Goods/Guns_____	_____
Horses/Livestock/Tack_____	_____
Other (describe)_____	_____
_____	_____
_____	_____
_____	_____

**EXPENSES:** (List all of your monthly expenses.)

<b>Expense</b>	<b>Average Monthly Payment</b>
Rent/House Payment	_____
Vehicle Payment(s)	_____
Credit Cards (List last 4 digits of each account number.)	
_____	_____
_____	_____
_____	_____
_____	_____
Loans (name of lender and reason for loan)	
_____	_____
_____	_____
_____	_____
_____	_____
Electricity/Natural Gas _____	_____
Water/Sewer/Trash _____	_____
Phone _____	_____
Cellular Phone _____	_____
Cable/Satellite TV/Internet _____	_____
Groceries _____	_____
Dining Out _____	_____
Clothing _____	_____
Auto Fuel/Transportation _____	_____
Auto Maintenance _____	_____
Cosmetics/Haircuts/Salons _____	_____
Entertainment/Books/Magazines _____	_____
Home Insurance _____	_____
Auto Insurance _____	_____

Life Insurance _____	_____
<b>Expense (continued)</b>	<b>Average Monthly Payment</b>
Medical Insurance _____	_____
Medical Expense _____	_____
Child Care _____	_____
Other (describe) _____	_____
_____	_____
_____	_____

**MISCELLANEOUS:**

How much can you borrow? \$ \_\_\_\_\_ From whom? \_\_\_\_\_  
 When did you file your last income tax return? \_\_\_\_\_ Amount of refund: \$ \_\_\_\_\_

**PERSONAL REFERENCES:** (These persons must be able to verify information provided.)

Name	Address	Phone	Years Known
_____	_____	_____	_____
_____	_____	_____	_____

**CERTIFICATION UNDER PENALTY OF PERJURY**

I certify under penalty of perjury pursuant to the law of the State of Idaho that the foregoing is true and correct.

Date: \_\_\_\_\_

\_\_\_\_\_  
 Typed/printed

\_\_\_\_\_  
 Signature