
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. _____

ORDER RE: PARTIAL PAYMENT OF
COURT FEES (PRISONER)

Having reviewed the Plaintiff's Defendant's Motion and Affidavit for Partial Payment of Court Fees,

THIS COURT FINDS AND ORDERS:

The average monthly deposits in the prisoner's inmate account total \$_____, the average monthly balance in the prisoner's inmate account during the last six months has been \$_____; 20% of the greater of these amounts is \$_____ and must be paid as a partial initial fee at the time of filing. The prisoner shall make monthly payments of not less than 20% of the preceding month's income credited to the prisoner's inmate account until the remainder of the court filing fees in the amount of \$_____ are paid in full. The agency or entity having custody of the prisoner shall forward payments from the prisoner's inmate account to the clerk of the court each time the amount in the prisoner's inmate account exceeds ten dollars (\$10.00) until the full amount is paid, **or**

The prisoner has no assets and need not pay any fee at this time. The prisoner shall make monthly payments of not less than 20% of the preceding month's income credited to the prisoner's inmate account until the court filing fees in the amount of \$_____ are paid in

full. The agency or entity having custody of the prisoner shall forward payments from the prisoner's inmate account to the clerk of the court each time the amount in the prisoner's inmate account exceeds ten dollars (\$10.00) until the full amount is paid. **or**

THIS COURT DENIES the motion because:

the prisoner did not comply with all the requirements of Idaho Code §31-3220A , **or**

the Court finds the prisoner has the ability to pay the full filing fee at this time.

Date: _____

Judge

CLERK'S CERTIFICATE OF SERVICE

I certify that a copy of this Order was served:

To Prisoner:

(Name)

(Street or Post Office Address)

(City, State, and Zip Code)

- By United States mail
- By personal delivery
- By fax (number) _____

To counsel for the county sheriff the
department of correction or the private
correctional facility:

(Name)

(Street or Post Office Address)

(City, State, and Zip Code)

- By United States mail
- By personal delivery
- By fax (number) _____

Date: _____

Deputy Clerk