

Name

Address

City/State/Zip Code

Telephone Number

COURT, MONTANA COUNTY JUDICIAL DISTRICT

-vs- Plaintiff(s) Defendant(s) NO.

AFFIDAVIT OF INABILITY TO PAY FILING FEES AND OTHER COSTS IN ACCORDANCE WITH 25-10-404 - 406, MCA

STATE OF MONTANA County of ss.

I, being first duly sworn, upon oath depose and say:

1. I am the (petitioner/plaintiff) or (respondent/defendant) in the above-entitled proceeding.

2. I have a good cause of action and am unable to pre-pay the costs or to procure security to secure the same, in accordance with § 25-10-404 - 406, MCA.

DATED this day of, 20.

AFFIANT

Subscribed and sworn to before me this day of, 20.

Notary Public for the State of Montana

Printed Signature Residing

(NOTARY SEAL)

at: My Commission

expires:

**INDIGENCY QUESTIONNAIRE**

CASE NUMBER \_\_\_\_\_

1.

Name \_\_\_\_\_ DOB \_\_\_\_\_

2.

Address \_\_\_\_\_

3. Telephone \_\_\_\_\_

4. Single \_\_\_\_\_ Married \_\_\_\_\_ Separated \_\_\_\_\_ Divorced \_\_\_\_\_

5. Employed? Yes \_\_\_\_\_ No \_\_\_\_\_ Self Employed? Yes \_\_\_\_\_ No \_\_\_\_\_

a. Employer's Name & Address \_\_\_\_\_

\_\_\_\_\_ b. Your employment income? Monthly \$ \_\_\_\_\_

6. If unemployed, when last employed \_\_\_\_\_ Job \_\_\_\_\_

7. Dependents? Spouse \_\_\_\_\_ Number of children \_\_\_\_\_

Others (Specify): \_\_\_\_\_

8. If married, is spouse employed? Yes \_\_\_\_\_ No \_\_\_\_\_

a. Employer's Name & Address \_\_\_\_\_

b. Does spouse have any other income? Monthly \$ \_\_\_\_\_

(example: support payments, alimony, interest, rent income)

9. Do you have any other income from other sources? Yes \_\_\_\_\_ No \_\_\_\_\_

Monthly \$ \_\_\_\_\_ Sources \_\_\_\_\_

10. Do you have a car? Yes \_\_\_\_\_ No \_\_\_\_\_ Is it paid for? Yes \_\_\_\_\_ No \_\_\_\_\_

a. If not, how much do you owe? \$ \_\_\_\_\_

b. Year, Make, and Model \_\_\_\_\_

11. Do you own any land or other real estate, or are you buying any? Yes \_\_\_\_\_ No \_\_\_\_\_

a. What is its approximate value? \$ \_\_\_\_\_

b. How much did you pay for it? \$ \_\_\_\_\_ When? \_\_\_\_\_

c. Is it paid for? Yes \_\_\_\_\_ No \_\_\_\_\_

d. If not, how much do you owe? \$ \_\_\_\_\_

12. Do you have any:

a. Cash or savings? Yes \_\_\_\_\_ No \_\_\_\_\_ Amount? \$ \_\_\_\_\_

Name of Bank \_\_\_\_\_

b. Checking accounts? Yes \_\_\_\_\_ No \_\_\_\_\_ Amount? \$ \_\_\_\_\_

Name of Bank \_\_\_\_\_

c. Stocks or bonds? Yes \_\_\_\_\_ No \_\_\_\_\_ Value? \$ \_\_\_\_\_

d. Other property? Yes \_\_\_\_\_ No \_\_\_\_\_ Value? \$ \_\_\_\_\_

(for example, trailer, boat, camper, motorcycle, guns, tools, collections, etc.)

Describe: \_\_\_\_\_

STATE OF MONTANA )

) ss:

City / County of \_\_\_\_\_ )

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me, a Notary Public for the State of Montana, personally appeared \_\_\_\_\_, known to me to

be the person whose name is subscribed to the within instrument and acknowledged to me that he/she executed the same.

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Notary Public for the State of Montana  
Residing \_\_\_\_\_ at  
My \_\_\_\_\_ Commission \_\_\_\_\_ expires \_\_\_\_\_

COURT USE:  
Request Approved \_\_\_\_\_ Denied \_\_\_\_\_ Date \_\_\_\_\_

JUDGE \_\_\_\_\_

MONTANA \_\_\_\_\_ JUDICIAL DISTRICT COURT,  
\_\_\_\_\_ COUNTY

STATE OF MONTANA )  
)  
)  
Plaintiff(s), )  
-vs- )

NO.

\_\_\_\_\_  
)  
)  
)  
MCA Defendant(s). )  
\_\_\_\_\_ )

ORDER ON INABILITY TO PAY  
PAY FILING FEES IN  
) ACCORDANCE WITH 25-10-404,

Upon consideration of the Affidavit of Inability to Pay Filing Fees and Other Costs of (Petitioner/Plaintiff) or (Respondent/Defendant),

IT IS HEREBY ORDERED that in accordance with 25-10-404 - 406, MCA, all officers of the Court shall perform all services herein, including the filing, issuance and service of all pleadings and the Court's Orders, without demanding or receiving fees in advance.

DATED this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
DISTRICT JUDGE