

Name

Address

City/State/Zip Code

Telephone Number

MONTANA SIXTH JUDICIAL DISTRICT COURT, SWEET GRASS COUNTY

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

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

STATE OF MONTANA)
) ss.
 County of Sweet Grass)

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

(NOTARY SEAL)

 Printed Signature
 Residing 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 Sweet Grass)

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.

Notary Public for the State of Montana
Residing at _____.
My Commission expires _____.

COURT USE:

Request Approved _____ Denied _____ Date _____

JUDGE _____

MONTANA SIXTH JUDICIAL DISTRICT COURT, SWEET GRASS COUNTY

STATE OF MONTANA)
)
)
Plaintiff(s),)
-vs-)
)
)
)
Defendant(s).)
_____)

NO. _____

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

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____.

Brenda R. Gilbert
DISTRICT JUDGE