

Court Address:
P.O. Box 70, Cheboygan, MI 49721

Court Telephone No.
(231) 627-8818

Plaintiff name(s)
Plaintiff's Attorney and Bar No.

Defendant name(s)
Defendant's Attorney and Bar No.

NOTE: Please attach a copy of Motion being filed along with this waiver.

AFFIDAVIT

1. I ask the court to waive/suspend fees and costs for the following reason:
 - a. I am currently receiving public assistance: My DHS case number is _____.
(MCR 2.002 [C] requires the court to suspend payment of fees and costs).
 - b. I am unable to pay fees and costs because of indigency, based on the following facts:
 - My average gross income is about \$ _____ every week two weeks month.
 - I am receiving unemployment benefits.
 - I am not employed.

ASSETS: Vehicle: Year: _____ Make: _____ Model: _____ Amount Owed: _____
 The total amount in all my bank accounts is: \$ _____
 Any other assets including value: \$ _____. **IF NO, WRITE "NONE".**

DEBTS: I pay \$ _____ rent/mortgage. I pay \$ _____ utilities (water, electricity, gas) every month. I pay \$ _____ for court-ordered child support.
 Any other debt/obligations \$ _____. **IF NO, WRITE "NONE".**

2. The number of people living in the household is _____.
3. (If applicable) I am signing this affidavit for a person who is a minor has a disability _____.

Applicant Signature (Must be Notarized)

Name (type or print)

Subscribed and sworn to before me on _____, _____ County, Michigan.

My commission expires: _____ Date Signature: _____
 Deputy Clerk/Register/Notary Public

Notary Public, State of Michigan, County of _____

ORDER

IT IS ORDERED:

- 1. The applicant has shown by ex parte affidavit that he/she is
 - a. receiving public assistance, and payment of fees and costs are waived/suspended pursuant to MCR 2.002 (C).
 - b. indigent and payment of fees and costs are waived/suspended pursuant to MCR 2.002 (D).
 The applicant is required to notify the court if the reason for waiving/suspending the fees and costs no longer exists.
- 2. The application is denied.

Date

Judge