

<b>STATE OF MICHIGAN</b> <b>JUDICIAL DISTRICT</b> <b>JUDICIAL CIRCUIT</b> <b>COUNTY PROBATE</b>	<b>FEE WAIVER REQUEST</b>	<b>CASE NO. and JUDGE</b>
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Court address

Court telephone no.

Plaintiff/Petitioner's name, address, and telephone no.	<b>v</b>	Defendant/Respondent's name, address, and telephone no.
Plaintiff/Petitioner's attorney, bar no., address, and telephone no.		Defendant/Respondent's attorney, bar no., address, and telephone no.

In the matter of \_\_\_\_\_

**Instructions:** Complete this form and file it with the court. After you receive a decision on your request, you must serve your request and the decision on the other party(ies).

I request a waiver of my filing fees for the following reason: (Check 1, 2, or 3)

- ☐ 1. I receive the following type(s) of public assistance because of indigence:
- ☐ Food Assistance Program through the State of Michigan (also known as FAP or SNAP)
  - ☐ Medicaid (including Healthy Michigan, CHIP, and ESO)
  - ☐ Family Independence Program through the State of Michigan (also known as FIP or TANF)
  - ☐ Women, Infants, and Children benefits (WIC)
  - ☐ Supplemental Security Income through the federal government (SSI)
  - ☐ Other means-tested public assistance: \_\_\_\_\_
- My public assistance case number(s) (if any) is \_\_\_\_\_ .  
Write "none" if no case number. Do not write your SSN.
- ☐ 2. I am represented by a legal services program or I receive assistance from a law school clinic because of indigence. The name of the legal services program or law school clinic is \_\_\_\_\_ .
- ☐ 3. I am unable to pay the fees and I did not check item 1 or 2 above.
- My gross household income is \$ \_\_\_\_\_ every \_\_\_\_\_ .  
Week/Two weeks/Month/Year
- The number of people in my household is \_\_\_\_\_ .
- My source of income is \_\_\_\_\_ .
- List assets and their worth, such as bank accounts. If you need more space, attach a separate sheet.

List obligations and how much you pay, such as rent or other debts. If you need more space, attach a separate sheet.

I declare under the penalties of perjury that this request has been examined by me and that its contents are true to the best of my information, knowledge, and belief.

Date _____ Approved, SCAO Form MC 20, Rev. 10/19 MCR 2.002 Page 1 of 2	Signature: <u>/s/</u> _____ Distribute form to: Court Applicant Other parties Friend of the court (when applicable)
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**CLERK WAIVER**

1. Payment of filing fees is waived.

\_\_\_\_\_  
Signature of court clerk and date

**ORDER**

**IT IS ORDERED:**

- ☐ 1. Payment of filing fees is waived because:
- ☐ a. Your gross household income is under 125% of the federal poverty guidelines.
  - ☐ b. Your gross household income is above 125% of the federal poverty guidelines, but payment of the fees would constitute a financial hardship for you.
  - ☐ c. Other:

If you become able to pay the fees before this case is resolved, you must notify the court.

- ☐ 2. The fee waiver request is denied because:
- ☐ a. Your gross household income is above 125% of the federal poverty guidelines and payment of the fees would not constitute a financial hardship for you.
  - ☐ b. Other:

\_\_\_\_\_  
Judge/Magistrate (when authorized) signature and date

**NOTICE**

**IF YOUR REQUEST WAS DENIED:** To continue your case and preserve your filing date, you have 14 days from the issue date below to pay the filing fees or request a review. To request a review, fill out a Request for Review of Denied Fee Waiver (form MC 114) and file it with the court.

\_\_\_\_\_  
Issue date (completed by clerk)