Original - Court 1st copy - Applicant 2nd copy - Other party

3rd copy - Friend of the court (when applicable)
JIS CODE: OSF

## STATE OF MICHIGAN JUDICIAL DISTRICT

CASE NO.

JUDICIAL CIRCUIT COUNTY PROBATE	FEE W	AIVER RE	QUEST	
Court address				Court telephone no.
Plaintiff's/Petitioner's name		v	Defendant's/Respo	ndent's name
Plaintiff's/Petitioner's attorney, and bar no.		-	Defendant's/Respo	ndent's attorney and bar no.
☐ Probate In the matter of		,		
Instructions: Complete the formust serve your request and the				a decision on your request, you
I request a waiver of my filing fe	es for the follow	ving reaso	n: (Check 1, 2, or 3)	
<ul> <li>□ 1. I receive the following type</li> <li>□ Food Assistance Progra</li> <li>□ Medicaid (including Heater of the program of the progra</li></ul>	am through the althy Michigan, Program through hildren benefits Income through	State of M CHIP, and the State (WIC) the federa	ichigan (also kno ESO) of Michigan (als	own as FAP or SNAP) so known as FIP or TANF) SSI)
My public assistance case	number(s) (if a	ny) is Write	"none" if no case no	ımber Do not write your SSN
	l services progr	am or I red	eive assistance	from a law school clinic because
☐ 3. I am unable to pay the fee My gross household incon The number of people in n My source of income is List assets and their worth, such	ne is \$ ny household is	e\	/ery Week/Two wee 	
List obligations and how much yo	ou pay, such as rent	t or other deb	ots. If you need more	e space, attach a separate sheet.
I declare under the penalties of are true to the best of my inform		•		ned by me and that its contents
Date	Sig	ınature		
☐ <b>FOR CLERK USE ONLY</b> : Pa	yment of filing f	ees is wai	ved.	
Date	Sig	nature of co	urt clerk	

Fee Waiver Request	(2/19)
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Case No		

	ORDER
	ORDERED:  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:
□ 2.	If you become able to pay the fees before this case is resolved, you must notify the court.  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:
Date	Judge Bar no.