

STATE OF MICHIGAN JUDICIAL DISTRICT 20TH JUDICIAL CIRCUIT COUNTY PROBATE	FEE WAIVER REQUEST	CASE NO. and JUDGE
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Court address 414 Washington, Room 320, Grand Haven, MI 49417 **Court telephone no.** 616-846-8315

Plaintiff/Petitioner's name, address, and telephone no.	v	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	Signature
Approved, SCAO Form MC 20, Rev. 10/19 MCR 2.002 Page 1 of 2	Distribute form to: Court Applicant Other parties Friend of the court (when applicable)

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)