

FEE WAIVER REQUEST

Forms:

1. Fee Waiver Request (MC 20)



INSTRUCTIONS FOR COMPLETING FEE WAIVER REQUEST (Civil Division)

Self Help Legal Resource Center
811 Port Street, St. Joseph, MI 49085 • 269.983.7111
1205 N. Front Street, Niles, MI 49120 • 269.684.5274 Ext. 6202

If you are receiving public assistance or have a low income, you may be able to have the payment of court fees reduced or waived. The Fee Waiver provides the Judge with your financial information and she/he will review your request.

Please print neatly.

1. Check the box next to the court that applies to you.
2. Complete the boxes for the Plaintiff and Defendant information.
3. If you have an attorney, complete the box with the necessary information. If you do not have an attorney enter the words "Pro Per"
4. Check either Box 1, 2, or 3 which follow the statement "I request a waiver of my filing fees for the following reason."
5. If you checked Box 1, you need to check the appropriate box indicating what form of public assistance you receive. NOTE: If you have a public assistance case number, you will need to write the case number(s) in the line provided.
6. If you checked Box 2, you need to write the name of the legal services program or law school clinic that is assisting you.
7. If you checked Box 3, you need to state your household income, the number of people in your household, and the source of your income in the first three lines. You then need to list your assets (such as bank accounts) and their worth under the next line. Under the last line of this section, you need to list all your obligations (such as rent, utilities, phone, etc.) and how much you pay for each obligation.
8. You will date and sign your name on the signature line. NOTE: By signing this Fee Waiver Request, you are declaring under penalties of perjury that the request has been examined by you and that its contents are true to the best of your information, knowledge, and belief.
9. The Family Division will give the Affidavit to the Judge for his review and he will complete the Order portion on the back side of the supplemental.
10. The Family Division Judges will need a short time to review the fee waiver request. Depending upon the Judge's decision, you may have to pay the entire amount of the fees, some portion of the fees, or none of the fees. Your case would not be "filed" until the ordered amount has been paid. You will be called by the Family Division to inform you if your waiver has been approved or denied. You will need to come in to pay the amount ordered by the Court or pick up your copies.
11. It is a good idea if you fill in the Case Number box with the number the Family Clerk gives your case as the Court keeps track of your case by its Case Number. Complete Step 2 in your packet for serving the defendant.

STATE OF MICHIGAN 5TH JUDICIAL DISTRICT 2ND JUDICIAL CIRCUIT BERRIEN COUNTY PROBATE	FEE WAIVER REQUEST	CASE NO.
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Court Address Court telephone no.
 Berrien County Courthouse, 811 Port Street, St. Joseph, MI 49085-1188 (269) 982-8683
 South County Building, 1205 North Front Street, Niles, MI 49120-1699..... (269) 684-5274

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

Probate 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

Case No. _____

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)
