
 (Name)

 (Address)

 (City)

 (Email)

 (Telephone)

Court Decision

_____ Date of approval

_____ Date of denial

(Initials of judge or clerk)

In the Utah Court of Appeal / Utah Supreme Court (circle one)

450 S State St.
 Salt Lake City, UT 84111

_____, *(name)*
 Appellant / Appellee (circle one)

**MOTION TO WAIVE FEES FOR
 APPELLATE COURTS**

vs.

Appellate Case No. _____

(name)
 Appellant / Appellee (circle one)

Case No. _____

Judge _____

To obtain a waiver of court fees, I am providing the following financial information:

(NOTE: If Section 1 below applies and is completed, then you do not need to complete Section 2. Section 2 must be completed if Section 1 does not apply.)

SECTION 1:

I qualify for a fee waiver because: (Choose all that apply.)

a. I receive: (Choose all that apply.)

Food Stamps (SNAP)

SSI

Medicaid

FEP or TANF

b. I receive legal services from:

a nonprofit provider: (name of provider) _____

a pro bono attorney through the Utah State Bar.

c. the gross monthly income for my household (before deductions for taxes) is equal to or is less than the amount listed below: (Choose one.)

Household size	Household income	Household size	Household income	Household size	Household income
<input type="checkbox"/> 1	\$1,882.50	<input type="checkbox"/> 3	\$3,227.50	<input type="checkbox"/> 5	\$4,572.50
<input type="checkbox"/> 2	\$2,555.00	<input type="checkbox"/> 4	\$3,900.00	<input type="checkbox"/> 6	\$5,245.00

My household is larger than 6. My household size is ____ and our household income is \$_____. (For each additional household member over six, add \$672.50)

d. I don't qualify under options a-c above. But I don't have enough money to pay the court fees and provide myself or my family with food, shelter, clothing, or other necessities. (If you choose this option you must fill out the **Extra Information for Fee Waiver form**).

3. The amount of money held in my prisoner trust account is: \$_____.

Warning: It is a crime for anyone to intentionally or knowingly provide false or misleading information to the court when seeking a waiver of a court fee.

I do solemnly swear or affirm that due to my poverty I am unable to bear the expenses of the action or legal proceedings which I am about to commence or the appeal which I am about to take, and that I believe I am entitled to the relief sought by the action, legal proceedings, or appeal.

I declare under criminal penalty under the law of Utah that everything stated in this document is true.

Signed at _____ (city, and state or country).

Date

Signature ► _____
Printed Name _____

SECTION 2:

(Do you need to complete this part? Only if you are not receiving public assistance, legal services from a nonprofit provider or a pro-bono attorney through the Utah State Bar, or do not meet the federal poverty guidelines.)

Income:

I was born on:		
If I am applying for my child, my child's name is:	If I am applying for my child, my child's date of birth is:	
<input type="checkbox"/> I have the following job(s). My employer's name and address is: (If you do not have a job, write "None" in this space.)	Monthly pay before deductions: \$ _____	Monthly pay after deductions: \$ _____

<input type="checkbox"/> I have income from sources other than employment. Include such sources as rental income, money or other support from non-household family members, etc.)	Source of income	Monthly income, non-wage \$ _____
<input type="checkbox"/> I receive this much per month from government programs. (Include such sources as social security benefits, worker's compensation, veterans non-educational benefits, housing, food, other living allowances, etc.)	Source of income	Monthly income from government programs \$ _____
<input type="checkbox"/> I share a household with other adults, some of whom have jobs and share the cost of household expenses. The names and my relationship to these household members are listed in this box: Name: _____ Relation: _____ Name: _____ Relation _____	Monthly pay before deductions of other adults in household: \$ _____ \$ _____	Monthly pay after deduction of other adults in household: \$ _____ \$ _____
<input type="checkbox"/> I receive this much alimony per month:		\$ _____

Assets

<input type="checkbox"/> I have this much money in cash, in the bank, in stocks or bonds, or in other available sources:	\$ _____ -
<input type="checkbox"/> Other people or organizations owe me this much money:	\$ _____ -
<input type="checkbox"/> If Applicant is a prisoner, how much is held in Applicant's trust account? (Certificate Regarding Inmate Account must be filed.)	\$ _____ -

I own or am buying a **home, land, or other real property, and vehicles or other personal property** as listed below.

Property (home, land, vehicles, etc.) and location	Balance owed	Value
Home		\$ _____
Land and other real property		\$ _____
Cars, trucks, or other vehicles		

		\$ _____
Other personal property		\$ _____

Debt

I owe the following debts:

To whom owed	Amount	To whom owed	Amount
	\$ _____ —		\$ _____
	\$ _____ —		\$ _____
	\$ _____ —		\$ _____

Expenses

In an average month, I spend money for the following items:

	Amount		Amount		Amount
Food	\$ _____ —	Gas	\$ _____ —	Child support	\$ _____
Clothing	\$ _____ —	Water	\$ _____ —	Child care	\$ _____
Cost of housing	\$ _____ —	Telephone	\$ _____ —	Education expense for children	\$ _____
Transportation	\$ _____ —	Uninsured medical expenses	\$ _____ —	Other (list)	\$ _____
Electricity	\$ _____ —	Health insurance	\$ _____ —	Other (list)	\$ _____

The following people depend on me for support:

Name	Age	Relationship	Name	Age	Relationship	Lives in household with me: Yes or No?

The following facts also indicate that I am unable to pay court fees and costs:

I declare under criminal penalty under the law of Utah that everything stated in this document is true.

Signed at _____ (city, and state or country).

Date

Signature ► _____

Printed Name _____