

This is a private record

Name

Address

City, State, Zip

Phone

Check your email. You will receive information and documents at this email address.

Email

I am ☐ Plaintiff ☐ Defendant
☐ Plaintiff's Attorney ☐ Defendant's Attorney (Utah Bar #: _____)
☐ Plaintiff's Licensed Paralegal Practitioner
☐ Defendant's Licensed Paralegal Practitioner (Utah Bar #: _____)

In the ☐ District ☐ Justice Court of Utah

_____ Judicial District _____ County

Court Address _____

Plaintiff

v.

Defendant

**Motion to Waive Fees for
Expungement – Civil Protective
Order and Civil Stalking Injunction
or Eviction**

(Utah Code 78A-2-302 and Code of Judicial
Administration Rule 4-508)

Case Number

Judge

Commissioner (domestic cases)

1. I am filing a petition for expungement. I cannot pay the court fees in this case. I believe I qualify for a waiver. I ask the court to waive the following fees: (Choose all that apply. If you need help, ask court staff.)

☐ Filing fee (Refer to Cover Sheet): Amount: \$ _____

☐ Fee to have papers served in Utah

☐ Other _____

2. 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. ☐ I have a household size of one, two, or three. My gross monthly income (before deductions for taxes) is less than or equal to \$3,227.50.

d. ☐ I have a household size of four or more. Gross monthly income for my household (before deductions for taxes) is less than or equal to: (Choose one.)

Household size	Household income	Household size	Household income	Household size	Household income
<input type="checkbox"/> 4	\$3,900.00	<input type="checkbox"/> 5	\$4,572.50	<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-d 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.

Plaintiff/Petitioner or Defendant/Respondent

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

Attorney or Licensed Paralegal Practitioner of record (if applicable)

Date

Signature ►

Printed Name

Extra Information for Fee Waiver**Case Number** _____

(Do you need to complete this form? 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.)

1. Employment

☐ I am employed as (Choose all that apply):

☐ an hourly employee (Form W-2)

☐ a salaried employee (Form W-2)

☐ self-employed (Form 1099, Form K-1, Schedule C, etc.)

☐ other (Explain): _____

Name of employer	Employer's address and phone number	Job title	Hourly rate or annual salary	Hours per week (If hourly)
			\$	
			\$	
			\$	

☐ I am unemployed because:

2. Dependents (Count spouse, children or other dependents in your household. If none, write 0.)

The following people depend on me for support.

Number of adults	
Number of children under 18	

3. **Gross Monthly Income**

☐ I have the following monthly income before tax deductions:
(Print your pre-tax income in the boxes below. For income that changes from month to month, calculate the annual total and divide by 12 months to list a monthly average.)

Source of income	Monthly amount
Work (Including self employment, wages, salaries, commissions, bonuses, tips and overtime)	\$
Rental income	\$
Business income	\$
Interest	\$
Dividends	\$
Retirement income (Including pensions, 401(k), IRA, etc.)	\$
Worker's compensation	\$
Private disability insurance	\$
Social Security Disability Income (SSDI)	\$
Supplemental Security Income (SSI)	\$
Social Security (Other than SSDI or SSI)	\$
Unemployment benefits	\$
Education benefits (Including grants, loans, cash scholarships, etc.)	\$
Veteran's benefits	\$
Alimony	\$
Child support	\$
Payments from civil litigation	\$
Victim restitution	\$
Public assistance (Including AFDC, FEP, TANF, welfare, etc.)	\$
Financial support from household members	\$
Financial support from non-household members	\$
Trust income	\$
Annuity income	\$
Other (Describe)	\$
Other (Describe)	\$
Total gross monthly income	\$

☐ I have no income because:

4. **Monthly Tax Deductions**

☐ I have no monthly tax deductions because I have no income.

☐ I have the following monthly tax deductions.

Type of tax deduction	Amount
Federal income tax	\$
State income tax	\$
Municipal income tax	\$
FICA	\$
Medicare	\$
Total monthly tax deductions	\$

5. **After Tax Income**

☐ My monthly income is:

\$ _____

Gross monthly income from section 5

- \$ _____

Minus monthly tax deductions from section 6

= \$ _____

Equals after-tax monthly income

☐ I have no income.

6. **Monthly Expenses** (Include amounts you pay for yourself and any spouse, children or other dependents in your household.)

Monthly expense	Current Amount
Rent or mortgage	\$
Real estate taxes (if not included in mortgage)	\$
Real estate insurance (if not included in mortgage)	\$
Real estate maintenance	\$
Food and household supplies	\$
Clothing	\$

Monthly expense	Current Amount
Automobile payments	\$
Automobile insurance	\$
Automobile fuel	\$
Automobile maintenance	\$
Other transportation costs (public transportation, parking, etc.)	\$
Utilities (such as electricity, gas, water, sewer, garbage)	\$
Telephone	\$
Paid television, cable, satellite	\$
Internet	\$
Credit card payments	\$
Loans and other debt payments	\$
Alimony	\$
Child support	\$
Child care	\$
Extracurricular activities for children	\$
Education (children)	\$
Education (self)	\$
Health care insurance	\$
Health care expenses (excluding insurance listed above)	\$
Other insurance (describe)	\$
Entertainment	\$
Laundry and dry cleaning	\$
Donations	\$
Gifts	\$
Union and other dues	\$
Garnishment or income withholding order	\$
Retirement deposits (including pensions, 401(k), IRA, etc.)	\$
Other (describe)	\$
Other (describe)	\$
Total monthly expenses	\$

7. **Business Interests** (Add additional sheets if needed.)

☐ I have no business interests.

☐ I have the following business interests.

Business name		
Address & phone		
Nature of business		
Current value of the business \$	Percent owned by _____ % Petitioner _____ % Respondent	

Business name		
Address & phone		
Nature of business		
Current value of the business \$	Percent owned by _____ % Petitioner _____ % Respondent	

8. **Financial Assets** (Add additional sheets if needed.)

☐ I have no financial assets.

☐ I have the following financial assets.

Asset	Name & address of institution	Names on account	Current balance
Bank or credit union Account number: _____ Date opened: _____ Type: <input type="checkbox"/> checking <input type="checkbox"/> savings <input type="checkbox"/> other			\$
Bank or credit union Account number: _____ Date opened: _____ Type: <input type="checkbox"/> checking <input type="checkbox"/> savings <input type="checkbox"/> other			\$

Asset	Name & address of institution	Names on account	Current balance
Stocks, bonds, securities, money market account Account number: _____ Date opened: _____			\$
Retirement account Account number: _____ Date opened: _____			\$
Profit sharing plan Account number: _____ Date opened: _____			\$
Annuity Account number: _____ Date opened: _____			\$
Life insurance Account number: _____ Date opened: _____			\$
Money owed to me Date of loan: _____			\$
Cash			\$
Other (describe)			\$
Other (describe)			\$

9. **Real Estate** (Add additional sheets if needed.)

☐ I have no real estate.

☐ I have the following real estate.

Home

Address			
Date acquired	Name(s) on title	\$ Original cost	\$ Current value
First mortgage or lien holder (name & address)		\$ Amount owed	\$ Monthly payments
Second mortgage or lien holder (name & address)		\$ Amount owed	\$ Monthly payments

Other real estate

Address			
Date acquired	Name(s) on title	\$ Original cost	\$ Current value
First mortgage or lien holder (name & address)		\$ Amount owed	\$ Monthly payments
Second mortgage or lien holder (name & address)		\$ Amount owed	\$ Monthly payments

10. **Personal Property** (Such as vehicles, boats, trailers, major equipment, furniture, jewelry, and collectibles. Add additional sheets if needed.)

☐ I have no personal property.

☐ I have the following personal property.

Property description (if automobile, include year, make, and model)	Debt owed to (name and address)	Names on title (if applicable)	Amount owed	Minimum monthly payments
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$

11. **Debts Owed** (Do not include amounts you owe on property reported in the Real Estate or Personal Property sections. Add additional sheets if needed.)

☐ I do not owe any debts.

☐ I owe the following debts.

Type of debt (such as credit card, cash loan, or installment payment)	Debt owed to (name and address and phone number)	Names on debt	Amount owed	Minimum monthly payments
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$

12. **Other**

[] The following facts also show why I cannot pay these court fees.

Plaintiff/Petitioner or Defendant/Respondent

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 _____

Attorney or Licensed Paralegal Practitioner of record (if applicable)

Date

Signature ► _____
Printed Name _____