



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**).

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)   | \$             |
| <b>Total gross monthly income</b>  | <b>\$</b>      |

I have no income because:

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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 |
| <hr style="width: 20%; margin: 0 auto;"/> |   |
| = \$ _____                                | 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<br>\$ | Percent owned by<br>_____ % Petitioner      _____ % Respondent |  |  |

|                                     |  |  |  |
|-------------------------------------|--|--|--|
| Business name                       |  |  |  |
| Address & phone                     |  |  |  |
| Nature of business                  |  |  |  |
| Current value of the business<br>\$ | Percent owned by<br>_____ % 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 |
|--|-------------------------------|------------------|-----------------|
| <b>Bank or credit union</b><br>Account number:<br>_____<br>Date opened:<br>_____<br>Type:<br><input type="checkbox"/> checking<br><input type="checkbox"/> savings<br><input type="checkbox"/> other |                               |                  | \$              |
| <b>Bank or credit union</b><br>Account number:<br>_____<br>Date opened:<br>_____<br>Type:<br><input type="checkbox"/> checking<br><input type="checkbox"/> savings<br><input type="checkbox"/> other |                               |                  | \$              |

| Asset   | Name & address of institution | Names on account | Current balance |
|---|-------------------------------|------------------|-----------------|
| <b>Stocks, bonds, securities, money market account</b><br>Account number:<br>_____<br>Date opened:<br>_____ |                               |                  | \$              |
| <b>Retirement account</b><br>Account number:<br>_____<br>Date opened:<br>_____                              |                               |                  | \$              |
| <b>Profit sharing plan</b><br>Account number:<br>_____<br>Date opened:<br>_____                             |                               |                  | \$              |
| <b>Annuity</b><br>Account number:<br>_____<br>Date opened:<br>_____   |                               |                  | \$              |
| <b>Life insurance</b><br>Account number:<br>_____<br>Date opened:<br>_____                                  |                               |                  | \$              |
| <b>Money owed to me</b><br>Date of loan:<br>_____   |                               |                  | \$              |
| <b>Cash</b>   |                               |                  | \$              |
| <b>Other</b> (describe)   |                               |                  | \$              |
| <b>Other</b> (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 | \$<br>Original cost | \$<br>Current value    |
| First mortgage or lien holder (name & address)  |                  | \$<br>Amount owed   | \$<br>Monthly payments |
| Second mortgage or lien holder (name & address) |                  | \$<br>Amount owed   | \$<br>Monthly payments |

**Other real estate**

|   |                  |                     |                        |
|---|------------------|---------------------|------------------------|
| Address   |                  |                     |                        |
| Date acquired                                   | Name(s) on title | \$<br>Original cost | \$<br>Current value    |
| First mortgage or lien holder (name & address)  |                  | \$<br>Amount owed   | \$<br>Monthly payments |
| Second mortgage or lien holder (name & address) |                  | \$<br>Amount owed   | \$<br>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<br>(if automobile, include year, make, and model) | Debt owed to<br>(name and address) | Names on title<br>(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<br>(such as credit card,<br>cash loan, or installment<br>payment) | Debt owed to<br>(name and address and<br>phone number) | Names on debt | Amount<br>owed | Minimum<br>monthly<br>payments |
|--|--|---------------|----------------|--------------------------------|
|  |  |               | \$             | \$                             |
|  |  |               | \$             | \$                             |
|  |  |               | \$             | \$                             |
|  |  |               | \$             | \$                             |
|  |  |               | \$             | \$                             |
|  |  |               | \$             | \$                             |

12. **Other**

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

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**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 \_\_\_\_\_