

STATE OF MICHIGAN JUDICIAL DISTRICT JUDICIAL CIRCUIT COUNTY PROBATE	AFFIDAVIT AND ORDER SUSPENSION OF FEES/COSTS	CASE NO.
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Court address _____ Court telephone no. _____

Plaintiff/Petitioner name, address, and telephone no. <hr/> Plaintiff's/Petitioner's attorney, bar no., address, telephone no.	v	Defendant/Respondent name, address, and telephone no. <hr/> Defendant's/Respondent's attorney, bar no., address, telephone no.
<input type="checkbox"/> Probate In the matter of _____		

NOTE: Requests for waiver/suspension of transcript costs must be made separately by motion.

AFFIDAVIT

1. The attached pleading is to be filed with the court by or on behalf of _____, applicant, who is plaintiff/petitioner. defendant/respondent. Name _____

2. The applicant is entitled to and asks the court for suspension of fees and costs in the action for the following reason:
 a. S/he is currently receiving public assistance: \$ _____ per _____ Case No.: _____.

b. S/he is unable to pay those fees and costs because of indigency, based on the following facts:

INCOME: _____
Employer name and address

Length of employment Average gross pay Average net pay per week. month. two weeks.

ASSETS: State value of car, home, bank deposits, bonds, stocks, etc.

OBLIGATIONS: Itemize monthly rent, installment payments, mortgage payments, child support, etc.

3. The number of people living in the applicant's household is _____.

4. (in domestic relations cases only) The applicant is entitled to an order requiring his/her spouse to pay attorney fees.

5. This affidavit is made on my personal knowledge and, if sworn as a witness, I can testify competently to the facts in this affidavit.

REIMBURSEMENT: It is understood that the court may order the applicant to pay the fees and costs when the reason for the waiver or suspension no longer exists.

Affiant signature

Subscribed and sworn to before me on _____, _____ County, Michigan.
Date

My commission expires: _____ Date Signature: _____
Deputy clerk/Register/Notary public

Notary public, State of Michigan, County of _____

(SEE REVERSE SIDE FOR ORDER)

CERTIFICATION OF ATTORNEY

1. I have reviewed the affidavit of indigency and I certify that its contents are true to the best of my information, knowledge, and belief.
2. I will bring to the court's attention the matter of suspended costs and fees and the availability of funds to pay them before any disposition is entered. I will report at that time any changes in the information contained in the affidavit of indigency or any other information regarding the affiant's financial status or alterations of the fee arrangement.

Date

Attorney signature

Attorney name (type or print) Bar no.

CERTIFICATION BY PERSON OTHER THAN PARTY

1. I have personal knowledge of the facts appearing in the affidavit.
2. The person in whose behalf the petition is filed is unable to sign it because of

minority: _____ other disability: _____
Date of birth Nature of disability

Relationship: _____

Date

Affiant signature

Affiant name (type or print)

Address

City, state, zip Telephone no.

ORDER

IT IS ORDERED:

1. Fees and costs in this action required by law or court rule are waived/suspended until further order of the court. Before any final disposition or discontinuance is entered, the moving party shall bring the fee and costs suspension to the attention of the judge for final disposition.
2. The applicant's spouse shall pay the fees and costs required by law or court rule.
3. This application is denied.

Date

Judge/Magistrate Bar no.