

REQUEST TO SUSPEND FEES/COSTS

INSTRUCTIONS FOR FILLING OUT REQUEST:

ALL Sections under “Affidavit” (page 1 and top of page 2) **MUST** be completed correctly or your request will be returned or denied.

- A. Using blue or black ink only (NO pencils or colored ink) – fill in the case number found in the upper right hand corner of your court order.
- B. Print or type clearly the name and address of both the Plaintiff and Defendant (and attorneys if known). The Plaintiff will always be the person who filed the original order.
- C. Statement (1.) – fill in your name on the first line and check whether you are Plaintiff or defendant. Section 2 – complete all areas. Section 3 – applies only if you have a domestic relations case.
- D. Page 2, top (REIMBURSEMENT) – you must sign on Affiant Signature line. **NOTE:** this must be signed in front of a notary public and completed by them.
- E. A black line has been drawn on the form (page 2). **DO NOT** complete anything below this line. A representative from the Friend of the Court will complete information below the black line.

NOTE: Attach verification of income, verification of public assistance, benefit amounts, assets and expense obligations.

Return all three pages of the suspension request along with your verification to the Friend of the Court office for processing.

STATE OF MICHIGAN 8TH JUDICIAL CIRCUIT	AFFIDAVIT AND ORDER SUSPENSION OF FEES/COSTS	CASE NO.
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629 N. State St., P.O. Box 305, Stanton, MI 48868

Phone: (989) 831-7332

PLAINTIFF/PETITIONER:	DEFENDANT/RESPONDENT:
Plaintiff/Petitioner's Attorney:	Defendant/Respondent's Attorney:

Probate: In the matter of

AFFIDAVIT

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

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. _____.

Note: Attach verification of public assistance benefit amount.

- b. S/he is unable to pay those fees and costs due to 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

Note: Attach verification of income, assets and expense obligations:

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

REIMBURSEMENT: It is understood that this order shall waive fees only at the matter currently before the court and the applicant may be later required to pay fees and costs.

Affiant signature

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

My commission expires _____
Date

Signature: _____
Dep. Clerk/Register/Notary public

Notary public, State of Michigan, County of Montcalm

ORDER

IT IS ORDERED:

- _____ 1. Fees and costs are waived/suspended in any matter submitted to the court by way of motion or complaint during the next 30 days. If a motion or complaint has already been filed, this order shall suspend any judgment fee resulting out of an order entered on that motion or complaint only. This fee waiver does not apply to any future action initiated on this case.

- _____ 2. Fees and costs in this action required by law or court rule are waived/suspended until further notice 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.

- _____ 3. The applicant's spouse shall pay the fees and costs required by law or court rule.

- _____ 4. This application is denied.

Date

Judge

Bar no.

