

Original - Court  
1st copy - Applicant  
2nd copy - Other party

3rd copy - Friend of the court  
(when applicable)  
JIS CODE: OSF

<b>STATE OF MICHIGAN</b> <b>JUDICIAL DISTRICT</b> 28th <b>JUDICIAL CIRCUIT</b> <b>COUNTY PROBATE</b>	<b>FEE WAIVER REQUEST</b>	<b>CASE NO.</b>
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**Court address** 437 E Division St Cadillac, MI 49601 **Court telephone no.** 231-779-9450

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

**Instructions:** Complete the form and file it with the clerk. After you receive a decision on your request, you must serve your request and the decision on the other party.

I request a waiver of my filing fees for the following reason: (Check 1, 2, or 3)

- 1. I receive the following type(s) of public assistance because of indigence:
  - Food Assistance Program through the State of Michigan (also known as FAP or SNAP)
  - Medicaid (including Healthy Michigan, CHIP, and ESO)
  - Family Independence Program through the State of Michigan (also known as FIP or TANF)
  - Women, Infants, and Children benefits (WIC)
  - Supplemental Security Income through the federal government (SSI)
  - Other means-tested public assistance: \_\_\_\_\_

My public assistance case number(s) (if any) is \_\_\_\_\_  
Do not include your Social Security number.

- 2. I am represented by a legal services program or I receive assistance from a law school clinic because of indigence. The name of the legal services program or law school clinic is \_\_\_\_\_

- 3. I am unable to pay the fees.  
My gross household income is \$ \_\_\_\_\_ every \_\_\_\_\_  
The number of people in my household is \_\_\_\_\_. Week/Two weeks/Month/Year  
My source of income is \_\_\_\_\_  
List assets and their worth, such as bank accounts. If you need more space, attach a separate sheet.

List obligations and how much you pay, such as rent or other debts. If you need more space, attach a separate sheet.

I declare under the penalties of perjury that this request has been examined by me and that its contents are true to the best of my information, knowledge, and belief.

\_\_\_\_\_  
Date Signature

**FOR CLERK USE ONLY:** Payment of filing fees is waived.

\_\_\_\_\_  
Date Signature of court clerk

**ORDER**

**IT IS ORDERED:**

- 1. Payment of filing fees is waived because:
  - a. The applicant's gross household income is under 125% of the federal poverty level.
  - b. Other:

You must notify the court if you become able to pay the fees before this case is resolved.

- 2. The fee waiver request is denied. To continue your case, you have 14 days from the date of this order to pay the filing fees or request a review. To request a review, complete and file the request for review (form MC 114).

The reason for denial is:

\_\_\_\_\_  
Date

\_\_\_\_\_  
Judge

\_\_\_\_\_  
Bar no.