

IN DISTRICT COURT, \_\_\_\_\_ COUNTY, STATE OF NORTH DAKOTA  
 (County where case is filed)

\_\_\_\_\_, )  
 Appellant/Petitioner, )  
 vs. )  
 \_\_\_\_\_, )  
 Appellee(s)/Respondent(s). )

Civil No. \_\_\_\_\_  
 (Filled in by Clerk of Court)

FINANCIAL AFFIDAVIT IN SUPPORT  
 OF PETITION FOR WAIVER OF  
 ADMINISTRATIVE APPEAL:  
 FILING FEES  
 PREPARATION OF RECORD COSTS

1. My name is \_\_\_\_\_, (name of individual petitioning for waiver of filing fees/preparation of record costs). I understand that I must tell the truth.

2. ASSETS

|  |    |
|--|----|
| I have cash on hand:                         | \$ |
| I have on deposit in financial institutions: | \$ |
| I have stocks and bonds in the amount of:    | \$ |
| <b>Total</b>                                 |    |

Other assets and approximate value are (list):

| ITEM         | VALUE | IN POSSESSION OF |
|--------------|-------|------------------|
|              | \$    |                  |
|              | \$    |                  |
|              | \$    |                  |
|              | \$    |                  |
|              | \$    |                  |
| <b>Total</b> |       |                  |

(Attach additional schedules as needed)

Total Assets \$ \_\_\_\_\_

**3. LIABILITIES.**

| CREDITORS    | UNPAID<br>BALANCE | MONTHLY<br>PAYMENT |
|--------------|-------------------|--------------------|
|              | \$                | \$                 |
|              | \$                | \$                 |
|              | \$                | \$                 |
|              | \$                | \$                 |
|              | \$                | \$                 |
|              | \$                | \$                 |
| <b>Total</b> |                   |                    |

*(Attach additional schedules as needed)*

**Total Liabilities:** \_\_\_\_\_

**4. INCOME.** My monthly income, and that of my spouse, is as follows:

|                         | MY INCOME | SPOUSE'S INCOME |
|-------------------------|-----------|-----------------|
| <b>GROSS INCOME</b>     | \$        | \$              |
| <b>DEDUCTIONS</b>       | -\$       | -\$             |
| <b>FEDERAL TAX</b>      | -\$       | -\$             |
| <b>FICA</b>             | -\$       | -\$             |
| <b>MEDICARE</b>         | -\$       | -\$             |
| <b>STATE TAX</b>        | -\$       | -\$             |
| <b>HEALTH INSURANCE</b> | -\$       | -\$             |
| <b>RETIREMENT</b>       | -\$       | -\$             |
| <b>SAVINGS</b>          | -\$       | -\$             |
| <b>OTHER</b>            | -\$       | -\$             |
| <b>TOTAL DEDUCTIONS</b> | -\$       | -\$             |
| <b>NET INCOME</b>       | \$        | \$              |

My pay period is every \_\_\_\_\_.

My spouse's pay period is every \_\_\_\_\_.

**5. EXPENSES.**

My current monthly expenses to support myself and my child(ren) are as follows:

|  |           |
|--|-----------|
| <b>HOUSE/RENT PAYMENT</b>                    | <b>\$</b> |
| <b>GAS/ELECTRICITY</b>                       | <b>\$</b> |
| <b>HOMEOWNER'S/RENT INSURANCE</b>            | <b>\$</b> |
| <b>WATER</b>                                 | <b>\$</b> |
| <b>TELEPHONE</b>                             | <b>\$</b> |
| <b>CABLE/SATELLITE TELEVISION</b>            | <b>\$</b> |
| <b>FOOD AND HOUSEHOLD ITEMS</b>              | <b>\$</b> |
| <b>CLOTHING</b>                              | <b>\$</b> |
| <b>LAUNDRY</b>                               | <b>\$</b> |
| <b>LIFE INSURANCE</b>                        | <b>\$</b> |
| <b>AUTOMOBILE INSURANCE</b>                  | <b>\$</b> |
| <b>MEDICAL INSURANCE</b>                     | <b>\$</b> |
| <b>TRANSPORTATION</b>                        | <b>\$</b> |
| <b>CHILD CARE</b>                            | <b>\$</b> |
| <b>SCHOOL EXPENSES</b>                       | <b>\$</b> |
| <b>UNREIMBURSED MEDICAL, DENTAL, OPTICAL</b> | <b>\$</b> |
| <b>NEWSPAPER AND MAGAZINES</b>               | <b>\$</b> |
| <b>DONATIONS</b>                             | <b>\$</b> |
| <b>ENTERTAINMENT</b>                         | <b>\$</b> |
| <b>MISCELLANEOUS</b>                         | <b>\$</b> |
| <b>OTHER:</b>                                | <b>\$</b> |
| <b>OTHER:</b>                                | <b>\$</b> |
| <b>OTHER:</b>                                | <b>\$</b> |
| <b>OTHER:</b>                                | <b>\$</b> |
| <b>OTHER:</b>                                | <b>\$</b> |
| <b>OTHER:</b>                                | <b>\$</b> |
| <b>TOTAL</b>                                 | <b>\$</b> |

6. I state, under penalty of perjury under the law of North Dakota, that everything I stated in this Financial Affidavit is true and correct.

Signed on \_\_\_\_\_, 20\_\_\_\_, in \_\_\_\_\_ (city),  
\_\_\_\_\_ County, \_\_\_\_\_ (state), \_\_\_\_\_ (country).

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Email Address