IN THE SUPREME COURT OF THE STATE OF NORTH DAKOTA

	, ,	VAIVE FILING FEE OR PREPARATION FEE ON
[¶1] I	am the Appellant in this appeal. I request to waive	the following fee(s)
due to a	n inability to pay based on the information below.	
	Filing Fee Transcript Prepara	tion
(ch	neck all that you receive): Medicaid Supplemental Nutrition Assistance Program (SN Temporary Assistance for Needy Families (TANF Supplemental Security Income (SSI)	AP/food stamps)
	Are you presently employed?	
	Total monthly income from all jobs, before taxes are taken out	\$
	Total monthly income from other sources (including annuities, settlement income, and any other source of funds or support)	\$
	If you are not presently employed, what was your income for the previous 12 months, before taxes were taken out?	\$

Total monthly income from other sources,	\$
including:	
Business	
Self-employment	
Rent	
Interest	
Dividends	
Pensions or annuities	
life insurance payments	
Gifts, inheritances	
Any other source of funds or support	
Total monthly income from other sources	\$
(including annuities, settlement income, and any	
other source of funds or support)	
Number of family members living in	
Number of family members living in	
your household	

NOTE: To waive the filing fee, your family income must be less than 125% of the federal poverty guidelines. Those amounts are below:

Number of people in your household	Income
1	\$18,225
2	\$24,650
3	\$31,075
4	\$37,500
5	\$43,925
6	\$50,350

7	\$56,775
8	\$69,625

For families/households with more than 8 persons, add \$6,425 for each additional person.

[¶2] Assets

Cash	\$
Deposits in financial institutions	\$
Stocks and bonds	\$

[¶3] Inmates

On account the institution where petitioner is	\$
confined	

I declare, under penalty of perjury under the law of North Dakota, that the foregoing is true and correct.

Signed on

at Bismarck, ND, USA.

Name		
Address		
City, State, Zip Code		
Telephone Number		
Email Address		