

STATE OF NORTH DAKOTA

IN DISTRICT COURT

COUNTY OF \_\_\_\_\_  
(County where case is filed)

\_\_\_\_\_ JUDICIAL DISTRICT  
(If unknown, leave blank)

\_\_\_\_\_  
(Plaintiff's name) PETITIONER, )

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

v. )

FINANCIAL AFFIDAVIT IN SUPPORT OF  
PETITION FOR WAIVER OF FILING FEES

\_\_\_\_\_  
(Defendant's name) RESPONDENT. )

1. My name is \_\_\_\_\_ (name of individual  
petitioning for waiver of filing fees). 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 (list):**

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

**Total Assets: \$** \_\_\_\_\_

3. **LIABILITIES.**

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

Total Liabilities: \$\_\_\_\_\_

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

	MY INCOME	SPOUSE'S INCOME
GROSS INCOME	\$	\$
DEDUCTIONS	\$	\$
FEDERAL TAX	\$	\$
FICA	\$	\$
MEDICARE	\$	\$
STATE TAX	\$	\$
HEALTH INSURANCE	\$	\$
RETIREMENT	\$	\$
SAVINGS	\$	\$
OTHER	\$	\$
TOTAL DEDUCTIONS	\$	\$
NET INCOME	\$	\$

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>INTERNET</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>TRANSPORTATION</b>	<b>\$</b>
<b>CHILD CASE</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>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 the Financial Affidavit in Support of Petition for Waiver of Filing Fees is true and correct.

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

\_\_\_\_\_  
Signature

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

\_\_\_\_\_  
Address

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

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

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