

IN DISTRICT COURT, _____ COUNTY, STATE OF NORTH DAKOTA

_____ ,	}	
Plaintiff,	}	FINANCIAL AFFIDAVIT IN SUPPORT
	}	OF PETITION FOR WAIVER OF FEES
vs.	}	
	}	DATE: _____
_____ ,	}	
Defendant.	}	Civil No. _____

STATE OF NORTH DAKOTA	}	
	}	ss.
COUNTY OF _____	}	

I, _____, being first duly sworn state as follows:

A. ASSETS

I have cash on hand:	\$
I have on deposit in financial institutions:	\$
I have stocks and bonds in the amount of:	\$
Total	

Other assets and approximate value are (list):

ITEM	VALUE	IN POSSESSION OF
	\$	
	\$	
	\$	
	\$	
	\$	
Total		

(Attach additional schedules as needed)

Total Assets \$ _____

B. LIABILITIES.

CREDITORS	UNPAID BALANCE	MONTHLY PAYMENT
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
TOTAL		

(Attach additional schedules as needed)

Total Liabilities: _____

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

	AFFIANT	SPOUSE
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 _____.

D. EXPENSES.

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

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

DATED: _____

My Signature
(Sign only in presence of notary public
or Clerk of Court)

Street Address

City/State/Zip

Subscribed and sworn to before me on _____, 20_____.

Notary Public or Clerk of Court