

STATE OF SOUTH DAKOTA

IN CIRCUIT COURT

COUNTY OF _____

JUDICIAL CIRCUIT

Plaintiff v. Defendant	Case No.: _____ MOTION, AFFIDAVIT, AND ORDER FOR WAIVER OF FILING AND/OR SERVICE FEES
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Fill out application completely and accurately. Incomplete applications may be denied.

I, _____ the above named (check one) Plaintiff Defendant, come before the court to request waiver of the (check one or more) Filing Fee, Answer or Responsive Pleading Filing Fee, Service fee, Fee for Modification of Child Custody due to my financial circumstances which I have detailed below.

Check all types of assistance you receive: SSI SSD TANF Medicaid WIC
 Food Stamps Other (describe) _____

1. Are you employed? Yes No / If yes, I work _____ hours per week and my weekly take home pay \$ _____
2. What is the total income earned by everyone in your household, including you: \$ _____ /week
3. Including yourself, how many people in your household do you support? _____
4. Do you own a home? Yes No. If yes, the House value is \$ _____ and the amount owed on house is \$ _____
5. How many vehicles does your household have? _____. The total Value of all vehicles is \$ _____ and the total amount owed on all vehicles is \$ _____.
6. How much money do you have on hand or in any checking/savings/trust accounts total? \$ _____
7. Do you own any stocks, bonds, or other investments? Yes No / If yes, the total value is \$ _____
8. Total amount of your monthly living expenses (rent, food, utilities, transportation, etc. \$ _____
9. Do you have any other monthly expenses (child support, medical bills, court fines)? If yes, describe type _____ and the amount paid per month is \$ _____

I declare under perjury under the law of South Dakota that the foregoing is true and correct

Signed on the _____ day of _____, 20____ at _____
(Month) (City, State, or other location)

Signature

Printed Name

Address

City, State, Zip Code

Phone Number

ATTEST:

APPROVED DENIED

BY THE COURT:

Clerk of Court/Deputy
(SEAL)

Circuit Court Judge