

COUNTY OF \_\_\_\_\_

\_\_\_\_\_ JUDICIAL CIRCUIT

<p>_____</p> <p>Plaintiff</p> <p style="text-align: center;">v.</p> <p>_____</p> <p>Defendant</p>	<p>Case No.: _____</p> <p style="text-align: center;"><b>MOTION, AFFIDAVIT, AND ORDER FOR WAIVER OF FILING AND/OR SERVICE FEES</b></p>
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**Fill out the application completely and accurately. Incomplete application may be denied.**

I, \_\_\_\_\_ comes before the court and request a waiver of one or more of the following fees:

- Filing Fee
- Answer or Responsive Pleading Filing Fee
- Service Fee
- Fee for Modification of Child Custody

I make this request due to my financial circumstances which I have detailed below.

1. I am the (check one)  Plaintiff  Defendant in the above-captioned matter.
2. Are you employed? (check one)  Yes  No.
3. If yes, I work \_\_\_\_\_ hours per week, and my weekly take home pay is \$\_\_\_\_\_.
4. The total income earned by everyone in your household, including you is: \$\_\_\_\_\_ per week.
5. Including yourself, how many people in your household do you support? \_\_\_\_\_
6. Do you own a home? (check one)  Yes  No. If yes, the value of the home is, \$\_\_\_\_\_ and the amount owed is \$\_\_\_\_\_.
7. How many vehicles does your household have? \_\_\_\_\_. The total value of all the vehicles is \$\_\_\_\_\_ and the total amount owed on all vehicles is: \$\_\_\_\_\_.
8. How much money do you have on hand or in any checking/savings/trust accounts in total? \$\_\_\_\_\_.
9. Do you own any stocks, bonds, or other investments? (check one)  Yes  No  
If yes, the total value is \$\_\_\_\_\_.
10. Do you have any other monthly expenses such as child support, medical bills, or court fines? If yes, describe \_\_\_\_\_  
and the amount paid per month is \$\_\_\_\_\_.
11. Check all types of assistance you receive:  SSI  SSD  TANF  Medicaid  WIC  
 Food Stamps  Other \_\_\_\_\_

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

Signed on the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ at \_\_\_\_\_.  
*(Month) (Year) (City or other location and State)*

\_\_\_\_\_  
Signature

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

\_\_\_\_\_  
Address

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

\_\_\_\_\_  
Phone Number

APPROVED  DENIED

BY THE COURT:

\_\_\_\_\_

ATTEST:

\_\_\_\_\_  
Clerk of Court/Deputy  
(SEAL)