

<p>_____</p> <p>Plaintiff</p> <p>v.</p> <p>_____</p> <p>Defendant</p>	<p>Case No.: _____</p> <p style="text-align: center;">MOTION, AFFIDAVIT, AND ORDER FOR WAIVER OF FILING AND/OR SERVICE FEES</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:

- | | |
|--------------------------------------|---|
| <input type="checkbox"/> Filing Fee | <input type="checkbox"/> Answer or Responsive Pleading Filing Fee |
| <input type="checkbox"/> Service Fee | <input type="checkbox"/> 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.
 - a. If yes, I work _____ hours per week, and my weekly take home pay is \$_____.
3. The total income earned by everyone in your household, including you is:
\$_____ per week.
4. Including yourself, how many people in your household do you support? _____
5. Do you own a home? (check one) Yes No. If yes, the value of the home is,
\$_____ and the amount owed is \$_____.
6. How many vehicles does your household have? _____. The total value of all the
vehicles is \$_____ and the total amount owed on all vehicles is \$_____.
7. How much money do you have on hand or in any checking/savings/trust accounts in
total? \$_____.
8. Do you own any stocks, bonds, or other investments? (check one) Yes No
 - a. If yes, the total value is \$_____.
9. 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 \$_____.

10. 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)