

<b>STATE OF MICHIGAN</b> JUDICIAL DISTRICT JUDICIAL CIRCUIT COUNTY PROBATE	<b>AFFIDAVIT AND ORDER          SUSPENSION OF FEES/COSTS</b>	<b>CASE NO.</b>
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Court address \_\_\_\_\_ Court telephone no. \_\_\_\_\_

Plaintiff/Petitioner name, address, and telephone no.	<b>v</b>	Defendant/Respondent name, address, and telephone no.
Plaintiff's/Petitioner's attorney, bar no., address, telephone no.		Defendant's/Respondent's attorney, bar no., address, telephone no.
<input type="checkbox"/> Probate In the matter of _____		

NOTE: Requests for waiver/suspension of transcript costs must be made separately by motion.

**AFFIDAVIT**

1. The attached pleading is to be filed with the court by or on behalf of \_\_\_\_\_, Name  
 applicant, who is  plaintiff/petitioner.  defendant/respondent.

2. The applicant is entitled to and asks the court for suspension of fees and costs in the action for the following reason:

a. S/he is currently receiving public assistance: \$ \_\_\_\_\_ per \_\_\_\_\_ Case No.: \_\_\_\_\_.

b. S/he is unable to pay those fees and costs because of indigency, based on the following facts:

**INCOME:** \_\_\_\_\_  
 Employer name and address \_\_\_\_\_

\_\_\_\_\_ per  week.  month.  two weeks.

Length of employment \_\_\_\_\_ Average gross pay \_\_\_\_\_ Average net pay \_\_\_\_\_

**ASSETS:** State value of car, home, bank deposits, bonds, stocks, etc.

**OBLIGATIONS:** Itemize monthly rent, installment payments, mortgage payments, child support, etc.

3. The number of people living in the applicant's household is \_\_\_\_\_ .

4. (in domestic relations cases only) The applicant is entitled to an order requiring his/her spouse to pay attorney fees.

**REIMBURSEMENT:** It is understood that the court may order the applicant to pay the fees and costs when the reason for the waiver or suspension no longer exists.

\_\_\_\_\_  
Affiant signature

Subscribed and sworn to before me on \_\_\_\_\_, \_\_\_\_\_ County, Michigan.  
 Date

My commission expires: \_\_\_\_\_ Date Signature: \_\_\_\_\_  
 Deputy clerk/Register/Notary public

Notary public, State of Michigan, County of \_\_\_\_\_

(SEE REVERSE SIDE FOR ORDER)

**CERTIFICATION OF ATTORNEY**

1. I have reviewed the affidavit of indigency, and I certify that its contents are true to the best of my information, knowledge, and belief.
2. I will bring to the court's attention the matter of suspended costs and fees and the availability of funds to pay them before any disposition is entered. I will report at that time any changes in the information contained in the affidavit of indigency or any other information regarding the affiant's financial status or alterations of the fee arrangement.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Attorney signature

\_\_\_\_\_  
Attorney name (type or print) Bar no.

**CERTIFICATION BY PERSON OTHER THAN PARTY**

1. I have personal knowledge of the facts appearing in the affidavit.
2. The person in whose behalf the petition is filed is unable to sign it because of

minority: \_\_\_\_\_  other disability: \_\_\_\_\_  
Date of birth Nature of disability

Relationship: \_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Affiant signature

\_\_\_\_\_  
Affiant name (type or print)

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, state, zip Telephone no.

**ORDER**

**IT IS ORDERED:**

1. Fees and costs in this action required by law or court rule are waived/suspended until further order of the court. Before any final disposition or discontinuance is entered, the moving party shall bring the fee and costs suspension to the attention of the judge for final disposition.
2. The applicant's spouse shall pay the fees and costs required by law or court rule.
3. This application is denied.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Judge/Magistrate Bar no.