
Name

Address

City State Zip Code

Phone Number

PETITIONER PRO SE

**Montana _____ Judicial District Court
_____ County**

<p>_____, Petitioner/Plaintiff</p> <p>and</p> <p>_____, Respondent /Defendant</p>	<p>Cause No.: _____</p> <p style="text-align: center;">Affidavit of Inability to Pay Filing Fees and Other Costs in Accordance with § 25-10- 404 through 406, MCA</p>
---	--

STATE OF MONTANA)
)
County of _____) ss

I, _____, being first duly sworn, upon oath depose and say:

1. I am the petitioner/plaintiff or respondent/defendant in the above-entitled proceeding.
2. I have a good cause of action and am unable to pre-pay the costs or to procure security to secure the same, in accordance with § 25-10-404 through 406, MCA. See Attachment A.

DATED this _____ day of _____, 20____.

Subscribed and sworn to before me this _____ day of _____, 20____.

Sign Name

Signature, Notary Public for the State of Montana

Print Name

Residing at _____

My Commission expires: _____

ATTACHMENT A

INDIGENCY QUESTIONNAIRE

CAUSE NUMBER _____

1. Name _____ DOB _____

2. Address _____

3. Telephone _____

4. Single _____ Married _____ Separated _____ Divorced _____

5. Employed? Yes _____ No _____ Self Employed? _____ Yes _____ No _____

a. Employer's Name & Address _____

b. Your employment income? Monthly \$ _____

6. If unemployed, when last employed _____ Job _____

7. Dependents? Spouse _____ Number of children _____

Others (Specify): _____

8. If married, is spouse employed? Yes _____ No _____

a. Employer's Name & Address _____

b. Does spouse have any other income? Monthly \$ _____ (example: alimony, interest, rent)

9. Do you have any other income from other sources? Yes _____ No _____

If yes: Monthly \$ _____ Sources _____

10. Do you have a car? Yes _____ No _____ Is it paid for? Yes _____ No _____

a. If not, how much do you owe? \$ _____

b. Year, Make, and Model _____

11. Do you own any land or other real estate, or are you buying any? Yes _____ No _____

a. What is its approximate value? \$ _____

b. How much did you pay for it? \$ _____ When? _____

c. Is it paid for? Yes _____ No _____

d. If not, how much do you owe? \$ _____

12. Do you have any:

a. Cash or savings? Yes _____ No _____ Amount? \$ _____

Name of Bank _____

b. Checking accounts? Yes _____ No _____ Amount? \$ _____

Name of Bank _____

c. Stocks or bonds? Yes _____ No _____ Value? \$ _____

d. Other property? Yes _____ No _____ Value? \$ _____

(for example, trailer, boat, camper, motorcycle, guns, tools, collections, etc.)

Describe: _____

STATE OF MONTANA)
) ss:
City / County of _____)

On this ____ day of _____, 20____, before me, a Notary Public for the

State of Montana, personally appeared _____, known to me to be the person whose name is subscribed to the within instrument and acknowledged to me that he/she executed the same.

Signature, Notary Public for the State of Montana

Print Name
Residing at _____.

My Commission expires _____.

COURT USE: Request Approved _____ Denied _____ Date _____

JUDGE _____