

<b>STATE OF MICHIGAN</b> <b>JUDICIAL DISTRICT</b> <b>JUDICIAL CIRCUIT</b> <b>KENT COUNTY PROBATE</b>	<b>WAIVER/SUSPENSION OF FEES AND COSTS</b> <b>(AFFIDAVIT AND ORDER)</b>	<b>CASE NO.</b>
---	--	-----------------

<b>Court address</b> 180 OTTAWA NW, SUITE 2500, GRAND RAPIDS, MI 49503	<b>Court telephone no.</b> (616) 632-5440
---	--

Plaintiff/Petitioner name	<b>v</b>	Defendant/Respondent name
Plaintiff's/Petitioner's attorney and bar no.		Defendant's/Respondent's attorney and bar no.

Probate    In the matter of: \_\_\_\_\_

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

**AFFIDAVIT**

1. I ask the court to waive/suspend fees and costs for the following reason: (check either a or b)
- a. I am currently receiving public assistance: My DHS case number is \_\_\_\_\_.
- \$ \_\_\_\_\_ per \_\_\_\_\_.
- Type of Assistance: \_\_\_\_\_
- Name of Caseworker: \_\_\_\_\_
- Phone Number of Caseworker: \_\_\_\_\_
- (MCR 2.002[C] requires the court to suspend payment of fees and costs.)
- OR**
- b. I am currently not receiving public assistance, but am unable to pay those fees and costs because of indigence based on the facts shown on the attached from. **\*See attached (attached non-public form must be completed).**
2. The number of people living in my household is: \_\_\_\_\_.
3. I am signing this affidavit for a person who  is a minor.  has the following disability \_\_\_\_\_

**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.**

Applicant signature	Address
Name (type or print)	Date of Birth
	City, State, Zip
	Telephone no.

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 \_\_\_\_\_

**ORDER**

- IT IS ORDERED:**
1. The applicant has shown by ex parte affidavit that he/she is
- a. receiving public assistance, and payment of fees and costs are waived/suspended pursuant o MCR 2.002(C).
- b. indigent, and payment of fees and costs are waived/suspended pursuant to MCR 2.002(D).
- The applicant is required to notify the court if the reason for waiving/suspending the fees and costs no longer exists.
2. The application is denied.

Date	Judge
------	-------

**NOTE: This order must be served on the other party at the time the pleading is served.**

## **INSTRUCTIONS FOR USING FORM MC 20, WAIVER/SUSPENSION OF FEES AND COSTS (AFFIDAVIT AND ORDER)**

### **»» CAN I FILE MY LEGAL PAPERS WITH THE COURT FREE OF CHARGE?**

When you file a legal paper with the court or are ordered to case evaluation, you are often required to pay certain fees. If you cannot afford these fees, you can ask the court to "waive" or "suspend" them using this form (MC 20).

### **»» FILING AN AFFIDAVIT**

#### **1. Prove That You Cannot Afford to Pay a Filing Fee**

You must show the court that you cannot afford to pay the fees. If you receive public assistance, you must give the court your DHS case number. If you do not receive public assistance, you must give the court information about your assets and obligations. An asset is something you own, such as money, a car, a house, or other property. An obligation is something you owe, such as rent, a loan payment, utilities, court-ordered child support, etc.

#### **2. Complete Form MC 20**

After you prepare the legal papers you want to file with the court, complete form MC 20.

If you are receiving public assistance, check the box in front of item 1a. Write in your DHS case number. Public assistance means you are receiving help from the Michigan Department of Human Services and/or are receiving federal social security income (SSI), which includes Medicaid (a DHS program). It does not include benefits such as veterans assistance (VA benefits) or unemployment. Do not check the box in front of item 1b. Gross income means before any deductions.

If you are not receiving public assistance, check the box in front of item 1b. Check all the boxes that apply to you. If you are not employed, check that box. Write in all the requested information about your assets and obligations.

Do not sign the form until you are in front of a notary public or the clerk of the court.

#### **3. Sign the Affidavit Under Oath**

After form MC 20 is completed, sign it under oath in front of a notary public or a clerk of the court. You must bring your photo identification with you when you sign the affidavit. There may be a fee to have your affidavit signed in front of a notary public.

#### **4. Make Copies**

After you have signed the affidavit under oath, make a copy of the completed form for your records. If your court case is a domestic relations case, such as divorce, paternity, separate maintenance, etc., make another copy of the completed form for the friend of the court office. If you are at the court when you sign the affidavit, you can ask the clerk of the court to make copies for you. There may be a cost to make the copies.

#### **5. File Form MC 20**

Take or mail the original and all copies of this form (MC 20) to the clerk of the court along with any other legal papers you want to file. If your court case is a domestic relations case, such as divorce, paternity, separate maintenance, etc., include the friend of the court copy you made in step 4. If you mail the form, include a postage-paid envelope with your return address.

### **»» GETTING A SIGNED ORDER**

When you file your affidavit with the court, the clerk of the court will give it to the judge. The judge will make a decision and will sign the order. The clerk of the court will keep the original and return a signed copy to you. The clerk of the court will send a copy to the friend of the court if you filed that copy.

You are responsible for sending a copy of the signed order to the other parties involved in the case.

**PROBATE NON-PUBLIC ATTACHMENT TO AFFIDAVIT FOR SUSPENSION OF FEES**

**(To be completed only if Box 1b on the Affidavit is checked)**

NAME: \_\_\_\_\_ DOB: \_\_\_\_\_ SOC. SEC. NO. : \_\_\_\_\_  
DRIVER'S LICENSE/MICHIGAN ID NUMBER \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ CITY, STATE, ZIP CODE: \_\_\_\_\_  
PHONE NO. ( \_\_\_\_\_ ) \_\_\_\_\_ CONTACT NO. \_\_\_\_\_ YRS IN KENT CO \_\_\_\_\_  
Area Code

LIVING WITH SPOUSE, \_\_\_\_\_ NAME OF SPOUSE, \_\_\_\_\_  
RELATIVE, PARENT, FRIEND \_\_\_\_\_ RELATIVE, PARENT, FRIEND: \_\_\_\_\_  
AGE: \_\_\_\_\_ SEX: \_\_\_\_\_ MARITAL STATUS: (SGL) (SEP) (MRD) (DIV) (WID)  
NAMES AND AGES OF NATURAL, ADOPTED OR OTHER CHILDREN LIVING IN YOUR HOME:  
\_\_\_\_\_  
\_\_\_\_\_

\*\*\*\*\*

ARE YOU PRESENTLY EMPLOYED? \_\_\_\_\_ DATE LAST EMPLOYED: \_\_\_\_\_ POSITION \_\_\_\_\_  
CURRENT WEEKLY GROSS \_\_\_\_\_ CURRENT WEEKLY NET \_\_\_\_\_  
PRESENT/PREVIOUS EMPLOYER: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ HOW LONG? \_\_\_\_\_

PLEASE LIST OTHER SOURCES OF INCOME AND MONTHLY AMOUNT:  
CHILD SUPPORT \_\_\_\_\_ SSI BENEFITS \_\_\_\_\_  
UNEMPLOYMENT COMP \_\_\_\_\_ SOCIAL SECURITY BENEFITS \_\_\_\_\_  
PENSION \_\_\_\_\_ WORKERS COMP \_\_\_\_\_  
VETERAN'S BENEFITS \_\_\_\_\_ DISABILITY \_\_\_\_\_  
RENTAL INCOME \_\_\_\_\_ OTHER \_\_\_\_\_  
AFDC \_\_\_\_\_ OTHER \_\_\_\_\_

UPON REQUEST YOU MUST PROVIDE DOCUMENTS THAT VERIFY THIS INCOME SUCH AS COPIES OF YOUR PAYCHECK STUBS, LAST YEAR'S FEDERAL INCOME TAX RETURN, OR W-2 FORMS.

IS YOUR SPOUSE EMPLOYED? \_\_\_\_\_ WHERE? \_\_\_\_\_ WEEKLY NET EARNINGS: \_\_\_\_\_

\*\*\*\*\*

DO YOU HAVE AN ACCOUNT IN ANY \_\_\_\_\_ TYPE & AMOUNT: \_\_\_\_\_  
BANK, CREDIT UNION, ETC.? \_\_\_\_\_ WHERE? \_\_\_\_\_  
ACCOUNT NUMBER(S) \_\_\_\_\_

DO YOU OWN AN AUTO? \_\_\_\_\_ MAKE/MODEL & YR: \_\_\_\_\_ VALUE: \_\_\_\_\_  
TYPE & VALUE OF ANY OTHER PROPERTY \_\_\_\_\_

DO YOU OWN \_\_\_\_\_ AMT. OF MORTGAGE \_\_\_\_\_  
HOME/RENT? \_\_\_\_\_ PAYMENTS/RENT? \_\_\_\_\_ EQUITY: \_\_\_\_\_ VALUE: \_\_\_\_\_

CHILD SUPPORT PAYMENTS: PLEASE PROVIDE CHILD'S NAME, AMOUNT/WEEK, COUNTY, AND COURT/CASE NUMBERS \_\_\_\_\_

**I DECLARE THAT THIS INFORMATION HAS BEEN EXAMINED BY ME AND THAT ITS CONTENTS ARE TRUE TO THE BEST OF KNOWLEDGE. I WILL PROVIDE SUPPORTING DOCUMENTS OF INCOME OR DEBT UPON REQUEST.**

Date \_\_\_\_\_

\_\_\_\_\_  
**APPLICANT'S SIGNATURE**