

IN THE JUSTICE COURT OF RECORD, DEPARTMENTS ONE AND TWO, OF THE STATE OF MONTANA IN AND
FOR THE COUNTY OF GALLATIN, BEFORE RICK WEST / BRYAN ADAMS, JUSTICES OF THE PEACE
515 SOUTH 16TH AVENUE SUITE 1100, BOZEMAN, MT 59715 406-582-2191

* * * * *

_____	)	
_____	)	
_____	)	Case No. _____ - _____ - _____
Plaintiff(s)	)	
-vs-	)	
_____	)	<u>IN FORMA PAUPERIS</u>
_____	)	<u>AFFIDAVIT</u>
_____	)	
Defendant(s)	)	

_____, declares that in the above entitled action, _____
(Name) (Name)
has a good cause of action: that he/she is without funds (as per attached) and is unable to pay the costs of filing and service of this action or to procure security to secure the same and makes this Affidavit so that he/she may be permitted to action without prepaying the filing fees pursuant to the provisions of §25-31-113, M.C.A.

I declare under penalty of perjury and under the laws of the State of Montana that the information in this document is true and correct. I understand that it is a crime to give false information in this document.

Date and place (city, state) Signature

ORDER

An In Forma Pauperis Affidavit having been filed by the above applicant and in good cause appearing; it is ORDERED:

- ☐ **Granted** - Applicant may proceed without prepayment of filing and service in this action.
- ☐ **Denied** - Applicant must pay all fees required with this case. _____

DATED this _____ day of _____, 20_____.

JUSTICE OF THE PEACE

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_____))
Applicant _____))
_____))
Address _____))
_____))
City, State Zip _____))
_____))
Phone Number _____)

Case No. _____ - _____ - _____

**FINANCIAL DATA FOR
IN FORMA PAUPERIS
APPLICATION**

DOB: _____ Age: _____ # of Dependents: _____ Date last employed: _____
Your employer: _____ Your spouse's employer: _____

<u>Income Sources</u>	<u>Amount YOU receive per month before taxes</u>	<u>Amount YOUR SPOUSE receives per month before taxes</u>
Employment	\$ _____	\$ _____
Retirement/Pension	\$ _____	\$ _____
Workers' Compensation	\$ _____	\$ _____
Social Security	\$ _____	\$ _____
Unemployment	\$ _____	\$ _____
Government Benefits	\$ _____	\$ _____
Child Support Received	\$ _____	\$ _____
A person or agency pays my rent or other monthly expenses and the amount is: \$ _____	\$ _____	\$ _____
Other Income—e.g., rental income, stocks, investments, etc.—describe: _____	\$ _____	\$ _____
Total Income:	\$ _____	\$ _____

<u>Assets</u>	<u>Value</u>
Cash (This includes the money in your savings and checking accounts)	\$ _____
Vehicle 1: provide year, make and model _____	\$ _____
Vehicle 2: provide year, make and model _____	\$ _____
Home where you live now	\$ _____
Real estate or other homes/mobile homes (Not including the home you are living in now)	\$ _____
Recreational vehicle(s) such as snowmobile, ATV, camper/RV, boat, motorcycle, etc.	\$ _____
Guns or other collections	\$ _____
Other Item(s) worth more than \$600—describe: _____	\$ _____
Total Assets:	\$ _____

<u>Monthly Expenses</u>	<u>Value</u>
Housing Expense: Mortgage or Rent	\$ _____
General Household Expenses: Utilities, Phone/Internet/Cable, etc.	\$ _____
Insurance Expenses, Healthcare Costs and/or Medical Debt(s)	\$ _____
Childcare Expenses	\$ _____
Other Extraordinary Expenses: e.g., Collection actions, Student Loans—describe: _____	\$ _____
Total Expenses:	\$ _____

I do solemnly swear **UNDER PENALTY OF PERJURY** that the statements in this application are true and that I have fully disclosed my assets. I am financially unable to employ an attorney. I understand that I may be required to pay all or a portion of the compensation and expenses incurred by my court appointed counsel if I am convicted of the pending charges and am able to do so.

Date and place (city, state)

Signature