

\_\_\_\_\_  
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><b>Affidavit of Inability to Pay Filing Fees and Other Costs in Accordance with § 25-10- 404 through 406, MCA</b></p>
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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 \_\_\_\_\_