IN THE DISTRICT/SUPERIOR COURT FOR THE STATE OF ALASKA AT _____

Case Name:

☐ _____, Plaintiff/Petitioner v.
_____, Defendant/Respondent

☐ In the Matter of: _____

☐ _____ Case No. _____

REQUEST FOR EXEMPTION FROM PAYMENT OF FEES

I, _____ *[your name]*, request exemption from payment of the following fees because I am unable to pay:

☐ Filing fee for a new action or a motion to modify. Ad. R. 9(f)(1)
[Note: If you are incarcerated and filing civil litigation against the State of Alaska, do not use this form. You must use form CIV-670, Prisoner Request for Filing Fee Exemption.]

☐ Copy fees (exemplified, authenticated, certified, and regular copy fees). Ad. R. 9(f)(1)

☐ Servicemembers Civil Relief Act attorney fees. Ad. R. 12(e)(2)

Financial Statement

☐ Within the last year, the court exempted me from paying fees in this case because of my inability to pay. The fee exemption was granted on or about this date:_____. My financial circumstances have not improved.
[If you checked this box, skip sections 1 through 5 on this form.]

☐ I have not been exempted from paying fees in this case or my financial circumstances have improved. *[If you checked this box, fill out **all** sections on this form.]*

Phone: _____ Date of Birth: _____

Residence Address: _____

Mailing Address: _____

Email Address: _____ By providing an email address, I agree that the court and other parties can send court documents to me at this email address.

Employer: _____
[If you are not currently employed, write your last employer and the date employment ended.]

Employer's Address: _____
_____

Employer's Phone: _____

1. Income Information (after taxes, but before other deductions):

a. Current **monthly** income:

	You	Your Spouse
Wages/Salary	$_____	$_____
Public Assistance	$_____	$_____
Unemployment	$_____	$_____
Other: _____	$_____	$_____
Other: _____	$_____	$_____
TOTAL:	**$**0	**$**0

b. Income from all sources in **past 12 months**:

You: $_____ Your Spouse: $_____

2. Expenses Information (for you, your spouse, **and** your dependents)
Current **monthly** expenses:

Food	$_____
Rent or Mortgage Payment	$_____
Utilities	$_____
Transportation (auto insurance, gas, bus, etc.)	$_____
Medical (insurance, prescriptions, etc.)	$_____
Child support or spousal support (alimony)	$_____
Loans/Time payments	$_____
Other: _____	$_____
TOTAL:	**$**0

3. Assets (current value):

Cash on hand	$_____
Bank account balances	$_____
Securities	$_____
Vehicles (cars, trucks, snow machines, boats, RV, etc.)	$_____
Valuable Property (guns, tools, jewelry, etc.)	$_____
Businesses	$_____
Real Estate (house, land, buildings)	$_____
Other: *[describe]*	
_____	$_____
_____	$_____
TOTAL ASSETS:	**$**0

4. Debts (full balance):

Mortgage	$_____
Loans	$_____
Credit cards	$_____
Unpaid Bills	$_____
Liens or Fines	$_____
Other: *[describe]*	
_____	$_____
_____	$_____
TOTAL DEBTS:	**$**0

5. Dependents

Name	Age	Relationship

[Wait to sign in front of a notary or court clerk. If you do not have access to a notary or court clerk, you may fill out and attach "Self-Certification" (form TF-835).]

I swear or affirm that this financial statement is true to the best of my knowledge. I understand that if I give false information on this form, I may be prosecuted for perjury.

_____ _____
Date Signature

Subscribed and sworn to or affirmed before me at _____ on _____

(SEAL)

_____
Notary Public/Judge/Court Clerk
My Commission Expires: _____

ORDER

IT IS ORDERED that the request for exemption from payment of fees is:

☐ GRANTED. The request for exemption from paying fees is granted. *[TF920G]*

☐ DENIED. The request for exemption from paying fees is denied. *[TF920D]*

Any fees now due in this case must be paid before the court will take any further action. If you do not pay within 30 days after notice of this order is given to you, the court will dismiss the action without further notice. You may file the action again later if you pay the filing fee or receive a fee waiver. Admin. Rule 10(d)

Find payment instructions at ak-courts.info/payments, or contact your local court clerk.

_____ _____
Date Judicial Officer

I certify that on _____ _____
a copy of this order was distributed to: Type or Print Name
☐ Party requesting exemption of fees
☐ _____

Clerk: _____