REQUEST FOR RELIEF FROM COURT COSTS; DECLARATION; ORDER

Form 1DC13

IN THE DISTRICT COURT OF THE FIRST CIRCUIT **_____ DIVISION** **STATE OF HAWAI'I**	
Plaintiff	Reserved for Court Use Civil No.
Defendant	Filing Party/Attorney Name, Attorney Number, Firm Name (if applicable), Address, Telephone Number and Email ☐ Check if you are an attorney representing the filing party *pro bono*

REQUEST FOR RELIEF FROM COURT FILING FEES

Pursuant to Hawai'i Revised Statutes §607-3, the filing party in this case asks the court to waive the prepayment of court filing fees as set forth in Hawai'i Revised Statutes §607-4(b) because the filing party is unable to pay such costs and provide for their necessities in life.

Please answer the following questions:

1. Are you currently employed? Yes ☐ No ☐

   a. If the answer is Yes,
   - State the amount of your monthly salary/wages: $_____
   - Name and address of your employer: _____

   b. If the answer is No,
   - State the date you were last employed _____
   - Name and address of your former employer: _____

2. Do you rent ☐ or own ☐ your home?
   - State the amount of your monthly rent/mortgage payment: $_____
   - If you rent, do you receive any rent assistance? (Section 8) Yes ☐ No ☐

3. Do you own any real estate other than your home?
   Yes ☐ No ☐
   If the answer is Yes, state the total value: $_____

4. Do you have any money in any bank account? (Include any funds in prison accounts.)
   Yes ☐ No ☐
   If the answer is Yes, state the total amount: $_____

(continued on page 2)

SEE PAGE 2

REQUEST FOR RELIEF FROM COURT FILING FEES (continued)

5. Do you own any motor vehicles?
   Yes ☐ No ☐

6. Do you receive any of the following (check all that apply)?
   ☐ Social Security payments (e.g. SSI or SSDI) or Retirement?
   ☐ Supplemental Nutrition Assistance Program (SNAP)
   ☐ Temporary Aid to Needy Families (TANF) [formerly AFDC]
   ☐ Food Stamps (GA)

7. List any persons who depend upon you for financial support. State your relationship to those persons and state how much you contribute to their support.

8. Do you have any other sources of income not listed above?
   Yes ☐ No ☐
   If the answer is Yes, describe what other income you receive.

DECLARATION

I DECLARE UNDER PENALTY OF PERJURY THAT WHAT I HAVE STATED IS TRUE AND CORRECT.

Date:	Signature of Filing Party/Attorney: Print/Type Name:

(Reserved For Court Use)

ORDER

Having reviewed the request for relief from costs:

☐ This request is **GRANTED** court filing fees are waived.

☐ The request is **DENIED**.

Date:	Judge

Americans with Disabilities Act Notice



If you need an accommodation for a disability when participating in a court program, service or activity, please contact the ADA Coordinator as soon as possible to allow the court time to provide an accommodation:

- Call (808) 538-5121; or
- Send an email to adarequest@courts.hawaii.gov

The court will try to provide, but cannot guarantee, your requested auxiliary aid, service or accommodation.

For Civil related matters, please call (808) 538-5629 or visit the District Court Service Center at 1111 Alakea Street, Third (3rd) Floor, Honolulu, Hawai‘i 96813.

CLEAR FORM