

Motion to Waive Fees

Note: A separate form is required for each person seeking a fee waiver.



1 **Case Name:** _____
Lower Court Case Number: _____
Court of Appeals Case Number: _____

2 **My Name:** _____
requests that the Court of Appeals waive the filing fees for this case for the following reason(s):

A. I receive the following type(s) of need-based public assistance:

- Food Assistance Program through the State of Michigan (FAP or SNAP)
- Medicaid (including Healthy Michigan, CHIP, and ESO)
- Family Independence Program through the State of Michigan (FIP or TANF)
- Women, Infants, and Children benefits (WIC)
- Supplemental Security Income through the federal government (SSI)
- Other public assistance:

- My public assistance case number is:

B. I have limited income or resources:

- The number of people in my household is:
- My source of income (list employer, social security, retirement, etc.) is:

- My gross income is: _____, paid every:
 week two weeks month
- The amount & type of all other household income (spouse, VA, unemployment, etc.) are:

- The amount & type of my assets (bank accounts, car, home, etc.) are:

- The amount & type of my monthly expenses (rent, child support, mortgage, etc.) are:

C. I am represented by a legal services program or law school clinic. The name of the clinic is:

D. I am incarcerated by the Michigan Department of Corrections (MDOC) and have attached:

- a copy of my MDOC prisoner account statement for the past 12 months
- **AND** an MDOC certificate of prisoner account activity

3 **The statements above are true to the best of my information, knowledge, and belief.**

Signature

Date