

\_\_\_\_\_  
Full Name of Party Filing Document

\_\_\_\_\_  
Mailing Address (Street or Post Office Box)

\_\_\_\_\_  
City, State and Zip Code

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Email Address (if any)

IN THE DISTRICT COURT FOR THE \_\_\_\_\_ JUDICIAL DISTRICT  
FOR THE STATE OF IDAHO, IN AND FOR THE COUNTY OF \_\_\_\_\_

\_\_\_\_\_,  
Plaintiff,  
vs.  
\_\_\_\_\_,  
Defendant.

Case No. \_\_\_\_\_

MOTION AND AFFIDAVIT FOR  
PERMISSION TO PROCEED ON PARTIAL  
PAYMENT OF COURT FEES (PRISONER)

**IMPORTANT NOTICE: Idaho Code § 31-3220A requires that you serve upon counsel for the county sheriff, the department of correction or the private correctional facility, whichever may apply, a copy of this motion and affidavit and any other documents filed in connection with this request. You must file proof of such service with the court when you file this document.**

Plaintiff  Defendant asks to start or defend this case on partial payment of court fees, and certifies

1. This is an action for (type of case) \_\_\_\_\_. I believe I am entitled to get what I am asking for.

2.  I have not previously brought this claim against the same party or a claim based on the same operative facts in any state or federal court.  I have filed this claim against the same party or a claim based on the same operative facts in a state or federal court.

3. I am unable to pay all the court costs now. I have attached to this affidavit a current statement of my inmate account, certified by a custodian of inmate accounts, that reflects the

activity of the account over my period of incarceration or for the last twelve (12) months, whichever is less.

4. I understand I will be required to pay an initial partial filing fee in the amount of 20% of the greater of: (a) the average monthly deposits to my inmate account or (b) the average monthly balance in my inmate account for the last six (6) months. I also understand that I must pay the remainder of the filing fee by making monthly payments of 20% of the preceding month's income in my inmate account until the fee is paid in full.

5. I verify that the statements made in this affidavit are true. I understand that a false statement in this affidavit is perjury and I could be sent to prison for an additional fourteen (14) years.

(Do not leave any items blank. If any item does not apply, write "N/A". Attach additional pages if more space is needed for any response.)

**IDENTIFICATION AND RESIDENCE:**

Name: \_\_\_\_\_ Other name(s) I have used: \_\_\_\_\_  
\_\_\_\_\_

Address: \_\_\_\_\_

How long at that address? \_\_\_\_\_ Phone: \_\_\_\_\_

Year and place of birth: \_\_\_\_\_

**DEPENDENTS:**

I am  single  married. If married, you must provide the following information:

Name of spouse: \_\_\_\_\_  
\_\_\_\_\_

My other dependents including minor children (use only initials and age to identify children) are: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**INCOME:**

Amount of my income: \$ \_\_\_\_\_ per  week  month

Other than my inmate account I have outside money from: \_\_\_\_\_

My spouse's income: \$\_\_\_\_\_ per  week  month.

**ASSETS:**

List all real property (land and buildings) owned or being purchased by you.

<b>Your Address</b>	<b>City</b>	<b>State</b>	<b>Legal Description</b>	<b>Value</b>	<b>Equity</b>
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List all other property owned by you and state its value.

<b>Description</b> (provide description for each item)	<b>Value</b>
Cash_____	_____
Notes and Receivables_____	_____
Vehicles_____	_____
Bank/Credit Union/Savings/Checking Accounts_____	_____
Stocks/Bonds/Investments/Certificates of Deposit_____	_____
Trust Funds_____	_____
Retirement Accounts/IRAs/401(k)s_____	_____
Cash Value Insurance_____	_____
Motorcycles/Boats/RVs/Snowmobiles_____	_____
Furniture/Appliances_____	_____
Jewelry/Antiques/Collectibles_____	_____
<b>Description</b> (provide description for each item)	
TVs/Stereos/Computers/Electronics_____	_____
Tools/Equipment_____	_____
Sporting Goods/Guns_____	_____
Horses/Livestock/Tack_____	_____

Other (describe) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**EXPENSES:** (List all of your monthly expenses.)

<b>Expense</b>	<b>Average Monthly Payment</b>
Rent/House Payment _____	_____
Vehicle Payment(s) _____	_____
Credit Cards (List last four digits of each account number.) _____ _____ _____	_____ _____ _____
Loans (name of lender and reason for loan) _____ _____	_____ _____
Electricity/Natural Gas _____	_____
Water/Sewer/Trash _____	_____
Phone _____	_____
Groceries _____	_____
Clothing _____	_____
Auto Fuel _____	_____
Auto Maintenance _____	_____
Cosmetics/Haircuts/Salons _____	_____
Entertainment/Books/Magazines _____	_____
Home Insurance _____	_____

<b>Expense</b>	<b>Average Monthly Payment</b>
Auto Insurance _____	_____
Life Insurance _____	_____
Medical Insurance _____	_____
Medical Expense _____	_____
Other _____	_____
_____	_____

**MISCELLANEOUS:**

How much can you borrow? \$ \_\_\_\_\_ From whom? \_\_\_\_\_

When did you file your last income tax return? \_\_\_\_\_ Amount of refund: \$ \_\_\_\_\_

**PERSONAL REFERENCES:** (These persons must be able to verify information provided.)

Name	Address	Phone	Years Known
_____	_____	_____	_____
_____	_____	_____	_____

**CERTIFICATION UNDER PENALTY OF PERJURY**

I certify under penalty of perjury pursuant to the law of the State of Idaho that the foregoing is true and correct.

Date: \_\_\_\_\_

\_\_\_\_\_  
Typed/printed

\_\_\_\_\_  
Signature