

IN THE SUPREME COURT OF THE STATE OF NORTH DAKOTA

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)	
Plaintiff/Petitioner,)	PETITION TO WAIVE FILING FEE
)	ON APPEAL
)	
)	
)	
Defendant/Respondent.)	Case No.
)	

[¶1] I am the Appellant in this appeal. I am unable to pay the filing fee for the appeal based on the following:

Public Assistance – I receive federal and/or state public assistance benefits (check all that you receive):

- Medicaid
- Supplemental Nutrition Assistance Program (SNAP/food stamps)
- Temporary Assistance for Needy Families (TANF)
- Supplemental Security Income (SSI)

Income

Are you presently employed?	
Total monthly income from all jobs, before taxes are taken out	\$
Total monthly income from other sources (including annuities, settlement income, and any other source of funds or support)	\$
If you are not presently employed, what was your annual income for the previous year, before taxes were taken out?	\$

Total monthly income from other sources, including: Business Self-employment Rent Interest Dividends Pensions or annuities life insurance payments Gifts, inheritances Any other source of funds or support	\$
Total monthly income from other sources (including annuities, settlement income, and any other source of funds or support)	\$

Number of family members living in your household?	
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NOTE: To waive the filing fee, your family income must be less than 125% of the federal poverty guidelines. Those amounts are below

Number of people in your household	Income
1	\$18,225
2	\$24,650
3	\$31,075
4	\$37,500
5	\$43,925
6	\$50,350

7	\$56,775
8	\$69,625
For families/households with more than 8 persons, add \$6,425 for each additional person.	

[¶2] Assets

Cash	\$
Deposits in financial institutions	\$
Stocks and bonds	\$

[¶3] Inmates

On account the institution where petitioner is confined	\$
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I declare, under penalty of perjury under the law of North Dakota, that the foregoing is true and correct.

Signed on _____ at Bismarck, ND, USA.

Name

Address

City, State, Zip Code

Telephone Number

Email Address