

IN THE DISTRICT/SUPERIOR COURT FOR THE STATE OF ALASKA  
AT \_\_\_\_\_

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

CASE NO. \_\_\_\_\_

**REQUEST FOR EXEMPTION FROM  
PAYMENT OF FEES**

I, \_\_\_\_\_, request exemption from payment of the following fees due to my financial inability 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 (including 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 due to my inability to pay. The fee exemption was granted on or about the following 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: \_\_\_\_\_  
 E-mail Address: \_\_\_\_\_  
 Present Employer: \_\_\_\_\_  
 (If not now employed, state last employer and date employment ended.)

Employer's Address: \_\_\_\_\_ Employer's Phone: \_\_\_\_\_  
 \_\_\_\_\_

**1. INCOME INFORMATION** (after taxes, but before other deductions):

a.	<u>You</u>	<u>Your Spouse</u>
Income during last 12 months:		
Wages .....	_____	_____
Public Assistance .....	_____	_____
Unemployment .....	_____	_____
Other _____	_____	_____
(Specify)		
TOTAL:	_____	_____
b. Current monthly income from all sources:	_____	_____

**2. FAMILY MONTHLY EXPENSES:**

Food \_\_\_\_\_  
 Rent \_\_\_\_\_  
 Utilities \_\_\_\_\_  
 Car payments \_\_\_\_\_  
 Furniture & Equipment payments \_\_\_\_\_  
 Child support or alimony \_\_\_\_\_  
 Loans/Time payments \_\_\_\_\_  
 TOTAL EXPENSES: \_\_\_\_\_

**3. FAMILY ASSETS (present value):**

Cash on hand or \_\_\_\_\_  
 in bank \_\_\_\_\_  
 Land, bldgs, trailers \_\_\_\_\_  
 Cars \_\_\_\_\_  
 Snow machines, boats \_\_\_\_\_  
 airplanes or other \_\_\_\_\_  
 motor vehicles \_\_\_\_\_  
 (except cars) \_\_\_\_\_  
 Securities: stocks, \_\_\_\_\_  
 bonds, notes \_\_\_\_\_  
 Businesses \_\_\_\_\_  
 Other Assets: \_\_\_\_\_  
 \_\_\_\_\_  
 TOTAL ASSETS: \_\_\_\_\_

**4. FAMILY DEBTS:**

Mortgage \_\_\_\_\_  
 Loans \_\_\_\_\_  
 Credit cards \_\_\_\_\_  
 Other (bills, etc.): \_\_\_\_\_  
 \_\_\_\_\_  
 TOTAL DEBT: \_\_\_\_\_

**5. DEPENDENTS:**

<u>Name</u>	<u>Age</u>	<u>Relationship</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

I swear or affirm that this financial statement is true. I understand that if I give false information in the financial statement, I may be prosecuted for perjury.

\_\_\_\_\_ Date

\_\_\_\_\_ Signature of Plaintiff/Defendant

Subscribed and sworn to or affirmed before me at \_\_\_\_\_, Alaska on \_\_\_\_\_ (date).

(SEAL)

\_\_\_\_\_  
Notary Public/Judge/Court Clerk  
My Commission Expires: \_\_\_\_\_

**ORDER**

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

GRANTED. Plaintiff's/defendant's request for exemption from paying fees is granted. [TF920G]

DENIED. Plaintiff's/defendant's request for exemption from paying fees is denied. [TF920D]  
Any fees now due in this case must be paid before any further action is taken. If payment is not made within 30 days after notice of the order, 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 [www.courts.alaska.gov/trialcourts/payments.htm](http://www.courts.alaska.gov/trialcourts/payments.htm), or contact your local court clerk.

\_\_\_\_\_ Date

\_\_\_\_\_ Judicial Officer

I certify that on \_\_\_\_\_  
a copy of this order was sent to:

\_\_\_\_\_ Type or Print Name

Clerk: \_\_\_\_\_