

STATE OF MICHIGAN JUDICIAL DISTRICT JUDICIAL CIRCUIT COUNTY PROBATE	REQUEST FOR REVIEW OF DENIED FEE WAIVER AND ORDER	CASE NO. and JUDGE
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Court address _____ Court telephone no. _____

Plaintiff/Petitioner's name, address, and telephone no.	v	Defendant/Respondent's name, address, and telephone no.
Plaintiff/Petitioner's attorney, bar no., address, and telephone no.		Defendant/Respondent's attorney, bar no., address, and telephone no.

In the matter of _____

REQUEST FOR REVIEW

1. I request a de novo review of the order denying my fee waiver.

Date

Signature

ORDER

IT IS ORDERED:

- 1. Payment of filing fees is waived because
 - a. Your gross household income is under 125% of the federal poverty guidelines.
 - b. Your gross household income is above 125% of the federal poverty guidelines, but payment of the fees would constitute a financial hardship for you.
 - c. Other:

If you become able to pay the fees before this case is resolved, you must notify the court.

- 2. The fee waiver request is denied because
 - a. Your gross household income is above 125% of the federal poverty guidelines and payment of the fees would not constitute a financial hardship for you.
 - b. Other:

Judge signature and date