

STATE OF MICHIGAN
IN THE SUPREME COURT

Case Name: _____

Supreme Court No(s): _____ Court of Appeals No(s): _____

Trial Court/Tribunal Name & No(s): _____

MOTION TO TEMPORARILY WAIVE FEES

(for use by an incarcerated person when filing a civil action or appeal)

Name & MDOC number of the Moving Party: _____

Pursuant to MCR 7.319(C) and MCL 600.2963, for the reasons stated in the attached affidavit of indigency, I request that this Court temporarily waive the full payment of the filing fee for the attached pleading and determine an initial partial payment amount. I acknowledge my responsibility to pay the full amount of the filing fee and understand that the Michigan Department of Corrections will collect the remaining fee as additional money becomes available in my prison account and will pay it to this Court at a later date, in accordance with MCL 600.2963. If the Court does not allow this, I will be unable to file the attached pleading in a timely manner.

AFFIDAVIT OF INDIGENCY

I am incarcerated at _____ in _____.
(Name of correctional facility) (City and State)

My income and assets are: (Check the boxes that apply to you.)

- My only source of income is from my prison job and I make \$_____ per day.
- I have no income.
- I have no assets that can be converted to cash.
- I cannot pay the full filing fees for the attached application.

- I have enclosed a copy of my Certificate of Prisoner Account Activity.

I declare that the statements above are true to the best of my knowledge, information and belief.

[This page is to be used as the last page of the motion itself. Any supporting documents should be included as a separate appendix and submitted with the motion.]

Filer's Name & Signature: _____

Address: _____

Email: _____ Phone: _____

Date: _____

A copy of this motion and any supporting materials must be served on all opposing parties.