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 WAIVE FEES

Name of the Moving Party: _____

NOTE: The Supreme Court is more likely to grant a motion to waive fees if the Court of Appeals granted such a motion in that court. Regardless, you must complete the affidavit of indigency, below.

AFFIDAVIT OF INDIGENCY

The Court of Appeals granted my motion to waive fees in that court. ☐ Yes ☐ No ☐ Not Applicable

I am currently receiving public assistance. ☐ Yes ☐ No

If Yes, identify the type of assistance and the government agency providing it (attach additional pages if necessary):

If No or Not Applicable, provide the information requested below:

Average monthly income from all sources: _____

Assets and obligations (attach additional pages if necessary):

Marital status and number of dependents: _____

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.