This is a private record

Name

Address

City, State, Zip

Phone

Email

Check your email. You will receive information and documents at this email address.

I am the [ ] Petitioner
[ ] Attorney for the Petitioner and my Utah Bar number is _____

In the [ ] District [ ] Justice Court of Utah

_____ Judicial District _____ County

Court Address _____

In Re:	**Motion to Waive Fees for Expungement – Criminal** (Utah Code 78A-2-302 and Code of Judicial Administration Rule 4-508)
_____ Petitioner	_____ Case Number
	_____ Judge
	_____ Commissioner (domestic cases)

1. I am filing a petition for expungement. I cannot pay the court fees in this case. I believe I qualify for a waiver. I ask the court to waive the following fees: (Choose all that apply. If you need help, ask court staff.)

   [ ] Filing fee (Refer to Cover Sheet): Amount: $ _____

   [ ] Fee to have papers served in Utah

   [ ] Other _____

2. I qualify for a fee waiver because: (Choose all that apply.)

   a. [ ] I receive: (Choose all that apply.)

   [ ] Food Stamps (SNAP) [ ] SSI

   [ ] Medicaid [ ] FEP or TANF

b. [ ] I receive legal services from:

[ ] a nonprofit provider: (name of provider) _____

[ ] a pro bono attorney through the Utah State Bar.

c. [ ] I have a household size of one, two, or three. My gross monthly income (before deductions for taxes) is less than or equal to $3,415.00.

d. [ ] I have a household size of four or more. Gross monthly income for my household (before deductions for taxes) is less than or equal to: (Choose one.)

Household size	Household income	Household size	Household income	Household size	Household income
[ ] 4	$4,125.00	[ ] 5	$4,835.00	[ ] 6	$5,545.00

[ ] My household is larger than 6. My household size is ____ and our household income is $_____. (For each additional household member over six, add $710.00)

e. [ ] I don't qualify under options a-d above. But I don't have enough money to pay the court fees and provide myself or my family with food, shelter, clothing, or other necessities. (**If you choose this option you must fill out the Extra Information for Fee Waiver form).**

3. I am asking to expunge _____ number of cases and have certificates of eligibility for those cases.

4. [ ] The amount of money held in my prisoner trust account is: $_____.

Warning: It is a crime for anyone to intentionally or knowingly provide false or misleading information to the court when seeking a waiver of a court fee.

I do solemnly swear or affirm that due to my poverty I am unable to bear the expenses of the action or legal proceedings which I am about to commence or the appeal which I am about to take, and that I believe I am entitled to the relief sought by the action, legal proceedings, or appeal.

Plaintiff/Petitioner or Defendant/Respondent

I declare under criminal penalty under the law of Utah that everything stated in this document is true.

Signed at _____ (city, and state or country).

_____ Signature ► _____

Date

Printed Name _____

Attorney or Licensed Paralegal Practitioner of record (if applicable)

_____ Signature ► _____

Date

Printed Name _____

Extra Information for Fee Waiver **Case Number _____**

(Do you need to complete this form? Only if you are not receiving public assistance, legal services from a nonprofit provider or a pro-bono attorney through the Utah State Bar, or do not meet the federal poverty guidelines.)

1. **Employment**

[ ] I am employed as (Choose all that apply):

[ ] an hourly employee (Form W-2)

[ ] a salaried employee (Form W-2)

[ ] self-employed (Form 1099, Form K-1, Schedule C, etc.)

[ ] other (Explain): _____

Name of employer	Employer's address and phone number	Job title	Hourly rate or annual salary	Hours per week (If hourly)
			$	
			$	
			$	

[ ] I am unemployed because:

_____

_____

_____

2. **Dependents** (Count spouse, children or other dependents in your household. If none, write 0.)

The following people depend on me for support.

Number of adults	
Number of children under 18	

3. **Gross Monthly Income**

[ ] I have the following monthly income before tax deductions:
(Print your pre-tax income in the boxes below. For income that changes from month to month, calculate the annual total and divide by 12 months to list a monthly average.)

Source of income	Monthly amount
Work (Including self employment, wages, salaries, commissions, bonuses, tips and overtime)	$
Rental income	$
Business income	$
Interest	$
Dividends	$
Retirement income (Including pensions, 401(k), IRA, etc.)	$
Worker's compensation	$
Private disability insurance	$
Social Security Disability Income (SSDI)	$
Supplemental Security Income (SSI)	$
Social Security (Other than SSDI or SSI)	$
Unemployment benefits	$
Education benefits (Including grants, loans, cash scholarships, etc.)	$
Veteran's benefits	$
Alimony	$
Child support	$
Payments from civil litigation	$
Victim restitution	$
Public assistance (Including AFDC, FEP, TANF, welfare, etc.)	$
Financial support from household members	$
Financial support from non-household members	$
Trust income	$
Annuity income	$
Other (Describe)	$
Other (Describe)	$
Total gross monthly income	$

[ ] I have no income because:

4. **Monthly Tax Deductions**

[ ] I have no monthly tax deductions because I have no income.

[ ] I have the following monthly tax deductions.

Type of tax deduction	Amount
Federal income tax	$
State income tax	$
Municipal income tax	$
FICA	$
Medicare	$
Total monthly tax deductions	$

5. **After Tax Income**

[ ] My monthly income is:

$ _____ Gross monthly income from section 5

- $ _____ Minus monthly tax deductions from section 6

= $ _____ Equals after-tax monthly income

[ ] I have no income.

6. **Monthly Expenses** (Include amounts you pay for yourself and any spouse, children or other dependents in your household.)

Monthly expense	Current Amount
Rent or mortgage	$
Real estate taxes (if not included in mortgage)	$
Real estate insurance (if not included in mortgage)	$
Real estate maintenance	$
Food and household supplies	$
Clothing	$

Monthly expense	Current Amount
Automobile payments	$
Automobile insurance	$
Automobile fuel	$
Automobile maintenance	$
Other transportation costs (public transportation, parking, etc.)	$
Utilities (such as electricity, gas, water, sewer, garbage)	$
Telephone	$
Paid television, cable, satellite	$
Internet	$
Credit card payments	$
Loans and other debt payments	$
Alimony	$
Child support	$
Child care	$
Extracurricular activities for children	$
Education (children)	$
Education (self)	$
Health care insurance	$
Health care expenses (excluding insurance listed above)	$
Other insurance (describe)	$
Entertainment	$
Laundry and dry cleaning	$
Donations	$
Gifts	$
Union and other dues	$
Garnishment or income withholding order	$
Retirement deposits (including pensions, 401(k), IRA, etc.)	$
Other (describe)	$
Other (describe)	$
Total monthly expenses	$

7. **Business Interests** (Add additional sheets if needed.)

[ ] I have no business interests.

[ ] I have the following business interests.

Business name	
Address & phone	
Nature of business	
Current value of the business $	Percent owned by _____% Petitioner _____% Respondent

Business name	
Address & phone	
Nature of business	
Current value of the business $	Percent owned by _____% Petitioner _____% Respondent

8. **Financial Assets** (Add additional sheets if needed.)

[ ] I have no financial assets.

[ ] I have the following financial assets.

Asset	Name & address of institution	Names on account	Current balance
Bank or credit union Account number: _____ Date opened: _____ Type: [ ] checking [ ] savings [ ] other			$
Bank or credit union Account number: _____ Date opened: _____ Type: [ ] checking [ ] savings [ ] other			$

Asset	Name & address of institution	Names on account	Current balance
Stocks, bonds, securities, money market account Account number: _____ Date opened: _____			$
Retirement account Account number: _____ Date opened: _____			$
Profit sharing plan Account number: _____ Date opened: _____			$
Annuity Account number: _____ Date opened: _____			$
Life insurance Account number: _____ Date opened: _____			$
Money owed to me Date of loan: _____			$
Cash			$
Other (describe)			$
Other (describe)			$

9. **Real Estate** (Add additional sheets if needed.)

[ ] I have no real estate.

[ ] I have the following real estate.

Home

Address

Date acquired | Name(s) on title | $ Original cost | $ Current value

First mortgage or lien holder (name & address) | $ Amount owed | $ Monthly payments

Second mortgage or lien holder (name & address) | $ Amount owed | $ Monthly payments

Other real estate

Address

Date acquired | Name(s) on title | $ Original cost | $ Current value

First mortgage or lien holder (name & address) | $ Amount owed | $ Monthly payments

Second mortgage or lien holder (name & address) | $ Amount owed | $ Monthly payments

10. **Personal Property** (Such as vehicles, boats, trailers, major equipment, furniture, jewelry, and collectibles. Add additional sheets if needed.)

[ ] I have no personal property.

[ ] I have the following personal property.

Property description (if automobile, include year, make, and model)	Debt owed to (name and address)	Names on title (if applicable)	Amount owed	Minimum monthly payments
			$	$
			$	$
			$	$
			$	$
			$	$

11. **Debts Owed** (Do not include amounts you owe on property reported in the Real Estate or Personal Property sections. Add additional sheets if needed.)

[ ] I do not owe any debts.

[ ] I owe the following debts.

Type of debt (such as credit card, cash loan, or installment payment)	Debt owed to (name and address and phone number)	Names on debt	Amount owed	Minimum monthly payments
			$	$
			$	$
			$	$
			$	$
			$	$
			$	$

12. **Other**

[ ] The following facts also show why I cannot pay these court fees.

_____

_____

_____

_____

Plaintiff/Petitioner or Defendant/Respondent

I declare under criminal penalty under the law of Utah that everything stated in this document is true.

Signed at _____ (city, and state or country).

_____ Signature ► _____

Date

Printed Name _____

Attorney or Licensed Paralegal Practitioner of record (if applicable)

_____ Signature ► _____

Date

Printed Name _____