

Office of Vital Records fee
(Certificate of Adoption or Certificate of
Divorce; \$8.00):

\$240 Filing
 \$10 Small claims appeal (Justice
Court)

Service fee (within Utah)

Other _____

Appeal fee

Other _____

3. 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:

4. 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	

5. 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:

6. 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	\$

7. After Tax Income

My monthly income is:

\$ _____	Gross monthly income from section 5
- \$ _____	Minus monthly tax deductions from section 6
<hr/>	
= \$ _____	Equals after-tax monthly income

I have no income.

8. 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)	\$

Monthly expense	Current Amount
Real estate maintenance	\$
Food and household supplies	\$
Clothing	\$
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)	\$

Monthly expense	Current Amount
Other (describe)	\$
Total monthly expenses	\$

9. **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		

10. **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: <input type="checkbox"/> checking <input type="checkbox"/> savings <input type="checkbox"/> other			\$

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

Asset	Name & address of institution	Names on account	Current balance
Other (describe)			\$

11. **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

12. **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

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
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$

13. **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
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$

14. **Other**

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

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).

Date

Signature ► _____
Printed Name _____

Attorney or Licensed Paralegal Practitioner of record (if applicable)

Date

Signature ► _____
Printed Name _____