STATE OF MICHIGAN

ACE	IO and	ILIDGE	

JUDICIAL DISTRICT JUDICIAL CIRCUIT COUNTY	FEE WAIVER	REQUEST	
Court address			Court telephone no.
Plaintiff/Petitioner's name, address, and telephone	e no.	Defendant/Respondent's	s name, address, and telephone no.
Plaintiff/Petitioner's attorney, bar no., address, and	d telephone no.	Defendant/Respondent's	s attorney, bar no., address, and telephone no.
In the matter of			
prisoner's trust account showing a curre this form. After you receive a decision on I request a waiver of my filing fees for th 1. I receive the following type(s) of put 1. I receive the following t	re following reason: (Chablic assistance because the State of Michigan, CHIP, and ESO through the State of Moenefits (WIC) through the federal government of the stance: T(s) (if any) is Write "none or I received the stance of I received the sta	t serve your request a leck 1, 2, or 3) se of indigence: an (also known as FA) ichigan (also known a vernment (SSI) " if no case number. Do no e assistance from a la	and the decision on the other party(ies). AP or SNAP) as FIP or TANF) ot write your SSN.
☐ 3. I am unable to pay the fees and I of My gross household income is \$ The number of people in my house My source of income is List assets and their worth, such as bank a List obligations and how much you pay, such I declare under the penalties of perjury the such as the suc	ehold is e' ccounts. If you need more sp	wery Week/Two weeks/M pace, attach a separate sh ou need more space, atta	neet.
of my information, knowledge, and belie	-		
Date	Si	gnature	
Approved, SCAO		Distribute form to:	

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Court
Applicant
Other parties
Friend of the court (when applicable)

Fee Waiver Request (9/23)	Case No
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Payment of filing fees is waived.	CLERK WAIVER
	Signature of court clerk and date
	der 125% of the federal poverty guidelines. ove 125% of the federal poverty guidelines, but payment of
\Box 2. The fee waiver request is denied because	ove 125% of the federal poverty guidelines and payment of
	Judge/Magistrate (when authorized) signature and date
	NOTICE ue your case and preserve your filing date, you have 14 days from the issue view. To request a review, fill out a Request for Review of Denied Fee Waiver
	Issue date (completed by clerk)