



**REQUEST FOR RELIEF FROM COURT FILING FEES (continued)**

5. Do you own any motor vehicles?

Yes  No

6. Do you receive any of the following (check all that apply)?:

- Social Security payments (e.g. SSI or SSDI) or Retirement?
- Supplemental Nutrition Assistance Program (SNAP)
- Temporary Aid to Needy Families (TANF) [formerly AFDC]
- Food Stamps (GA)

7. List any persons who depend upon you for financial support. State your relationship to those persons and state how much you contribute to their support.

8. Do you have any other sources of income not listed above?

Yes  No

If the answer is Yes, describe what other income you receive.

**DECLARATION**

**I DECLARE UNDER PENALTY OF PERJURY THAT WHAT I HAVE STATED IS TRUE AND CORRECT.**

Signature of Filing Party/Attorney:

Date:

Print/Type Name:

(Reserved For Court Use)

**ORDER**

Having reviewed the request for relief from costs the court :

- This request is **GRANTED** court filing fees are waived.
- The request is **DENIED**.

Date:

Judge

For Civil related matters, please call **(808) 538-5629** or visit the District Court Service Center at 1111 Alakea Street, Third (3<sup>rd</sup>) Floor, Honolulu, HI 96813

**Americans with Disabilities Act Notice**



If you need an accommodation for a disability when participating in a court program, service or activity, please contact the ADA Coordinator as soon as possible to allow the court time to provide an accommodation:

- Call (808) 538-5121; or
- Send an email to [adarequest@courts.hawaii.gov](mailto:adarequest@courts.hawaii.gov)

The court will try to provide, but cannot guarantee, your requested auxiliary aid, service or accommodation.