Form 1DC13

IN THE DISTRICT COURT OF THE FIRST CIRCUIT DIVISION	
STATE OF HAWAI'I	
Plaintiff	
	Reserved for Court Use
	Civil No.
	CIVII I.V.
Defendant	Filing Party/Attorney Name, Attorney Number, Firm Name (if applicable), Address, Telephone and Fax Number or Email
	☐ Check if you are an attorney representing the filing party <i>pro bono</i>
REQUEST FOR RELIEF FR	ROM COURT FILING FEES
Pursuant to Hawai'i Revised Statutes §607-3, the filing party in this case asks the court to waive the prepayment of court filing fees as set forth in Hawai'i Revised Statutes §607-4(b) because he or she is unable to pay such costs and provide for his or her necessities in life. Please answer the following questions:	
Are you currently employed? Yes □ No □	
 a. If the answer is Yes, State the amount of your monthly salary/wages: \$ Name and address of your employer: 	
 b. If the answer is No, ▶ State the date you were last employed: ▶ Name and address of your former employer: 	
2. Do you rent □ or own □ your home?	
 State the amount of your monthly rent/mortgage payment: \$_ If you rent, do you receive any rent assistance? (Section 8) 	Yes □ No □
3. Do you own any real estate other than your home? Yes □ No □ If the answer is Yes, state the total value: \$	
 4. Do you have any money in any bank account? (Include any funds in Yes □ No □ If the answer is Yes, state the total amount: \$	
(continued on page 2)	

REQUEST FOR RELIEF FROM COURT FILING FEES (continued)	
5. Do you own any motor vehicles Yes □ No □	5?
☐ Supplemental Nutrition A	wing (check all that apply)?: s (e.g. SSI or SSDI) or Retirement? Assistance Program (SNAP) Families (TANF) [formerly AFDC]
7. List any persons who depend up to their support.	pon you for financial support. State your relationship to those persons and state how much you contribute
8. Do you have any other sources Yes □ No □ If the answer is Yes, describe w	
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 re	elief from costs the court:
☐ This request is GR A	ANTED court filing fees are waived.
☐ The request is DEN	IED.
Date:	Judge
For Civil related matters, please ca Honolulu, HI 96813	all (808) 538-5629 or visit the District Court Service Center at 1111 Alakea Street, Third (3 rd) Floor,
	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

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