| IN THE DISTRICT COURT OF THE SECOND SIDCHIT  |  |
|--|--|
| IN THE DISTRICT COURT OF THE SECOND CIRCUIT DIVISION   |  |
| STATE OF HAWAI'I   |  |
| Plaintiff  |  |
|  |  |
|  |  |
|  | Reserved for Court Use   |
|  | Civil No.  |
|  |  |
| 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 F   | ROM COURT FILING FEES  |
| Pursuant to Hawai'i Revised Statutes §607-3, the filing party in this caforth in Hawai'i Revised Statutes §607-4(b) because he or she is unab Please answer the following questions: |  |
| 1. Are you currently employed? Yes ☐ No  |  |
| <ul> <li>a. If the answer is Yes,</li> <li>State the amount of your monthly salary/wages: \$</li> <li>Name and address of your employer:</li> </ul>                                  |  |
| <ul> <li>b. If the answer is No,</li> <li>▶ State the date you were last employed:</li> <li>▶ Name and address of your former employer:</li> </ul>                                   |  |
| 2. Do you rent □ or own □ your home?   |  |
| <ul> <li>State the amount of your monthly rent/mortgage payment: \$</li> <li>If you rent, do you receive any rent assistance? (Section 8)</li> </ul>                                 |  |
| 3. Do you own any real estate other than your home?  Yes □ No □  If the answer is Yes, state the total value: \$   |  |
| <ul> <li>4. Do you have any money in any bank account? (Include any funds i         Yes □ No □         If the answer is Yes, state the total amount: \$</li></ul>                    |  |
| (continued on page 2)  |  |

SEE PAGE 2

| 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 up to their support.   | oon 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  | lief from costs the court:  |  |
| ☐ This request is <b>GRA</b>  | NTED court filing fees are waived.  |  |
| ☐ The request is <b>DENIED</b> .  |   |  |
|   |   |  |
| Date:   | Judge   |  |
|   | e <b>Americans with Disabilities Act</b> , and other applicable State and Federal laws, if you require an |  |

accommodation for your disability when working with a court program, service, or activity please contact the District Court Administration Office at PHONE NO. 244-2800, FAX 244-2849, or email adarequest@courts.hawaii.gov at least (10) working days before your preceeding, hearing, or appointment date. For Civil related matters, please call 244-2706 or visit the Service Center at 2145 Main Street, Room 141A, Wailuku, Hawai'i 96793.

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