

Name: \_\_\_\_\_

Address: \_\_\_\_\_

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Telephone No: \_\_\_\_\_

Plaintiff, Pro Se  
 Defendant, Pro Se

Petitioner, Pro Se  
 Respondent, Pro Se

**IN THE FAMILY COURT OF THE SECOND CIRCUIT  
STATE OF HAWAI'I**

	)	FC-_____ No. _____
	)	
Plaintiff/Petitioner,	)	EX PARTE MOTION AND AFFIDAVIT
	)	TO WAIVE FILING FEES UNDER
vs.	)	HAWAI'I REVISED STATUTES
	)	SECTION 607-5(b);
	)	ORDER <input type="checkbox"/> GRANTING <input type="checkbox"/> DENYING
	)	EX PARTE MOTION
Defendant/Respondent.	)	
_____	)	

**EX PARTE MOTION AND AFFIDAVIT TO WAIVE  
FILING FEES UNDER HAWAI'I REVISED STATUTES SECTION 607-5(b)**

Plaintiff in the above-entitled action submits his/her motion to waive the filing fees, required by HRS Section 607-5(b) and, being first duly sworn on oath, deposes and says that:

1. Because of my poverty, I am unable to pay the filing fees and I believe I am entitled to relief.
2. My gross monthly income from all sources is \$\_\_\_\_\_. I receive money from:  
(check all that apply)
 

a. <input type="checkbox"/>	job:	\$ _____
b. <input type="checkbox"/>	welfare:	\$ _____
c. <input type="checkbox"/>	food stamps:	\$ _____
d. <input type="checkbox"/>	unemployment benefits:	\$ _____
e. <input type="checkbox"/>	social security:	\$ _____
f. <input type="checkbox"/>	child support:	\$ _____
g. <input type="checkbox"/>	part-time or side jobs:	\$ _____
h. <input type="checkbox"/>	other:	\$ _____

**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) 244-2855 FAX (808) 244-2932 OR Send an e-mail to: adarequest@courts.hawaii.gov. The court will try to provide, but cannot guarantee, your requested auxiliary aid, service or accommodation.

3. I help to support \_\_\_\_\_ (fill in #) dependents in my household, not including myself.
4. Within the past twelve months, I received money from the following sources:  
(check all that apply)
- a.  business, profession or form of self-employment \$ \_\_\_\_\_
  - b.  rent payments, interest or dividends \$ \_\_\_\_\_
  - c.  pensions, investments, annuities, or life insurance payments. \$ \_\_\_\_\_
  - d.  gifts or inheritances \$ \_\_\_\_\_
  - e.  disability payments, lawsuit damages, etc. \$ \_\_\_\_\_
  - f.  other: \_\_\_\_\_ \$ \_\_\_\_\_
5. My total assets (including but not limited to cash, bank accounts, real estate, stocks, bonds, cars, etc.) are \$ \_\_\_\_\_.
6. I own the following:  
(check all that apply)
- a.  house, townhouse, condo, other real property worth \$ \_\_\_\_\_
  - b.  pager, cellular phone, computer worth \$ \_\_\_\_\_
  - c.  jewelry worth \$ \_\_\_\_\_
  - d.  firearms, collectibles, sports equipment, etc. worth \$ \_\_\_\_\_
  - e.  car, van, truck, motorcycle, boat, etc. worth \$ \_\_\_\_\_
7. I have a total amount of debts \$ \_\_\_\_\_, owed on the following:
- a. mortgage \$ \_\_\_\_\_
  - b. credit cards \$ \_\_\_\_\_
  - c. loans \$ \_\_\_\_\_
  - d. other: \_\_\_\_\_ \$ \_\_\_\_\_

I swear under penalty of perjury that the foregoing is true and correct.

FURTHER AFFIANT SAYETH NAUGHT.

\_\_\_\_\_  
 Plaintiff       Petitioner  
 Defendant      Respondent

MOTION DENIED

PARTIES WITHOUT CHILDREN TOGETHER: WAIVER OF FILING FEES APPROVED AND SO ORDERED SUBJECT TO REIMBURSEMENT UPON ORDER OF THE COURT

PARTIES WITH CHILDREN TOGETHER: WAIVER OF FILING FEES APPROVED AND SO ORDERED SUBJECT TO REIMBURSEMENT UPON ORDER OF THE COURT. PARENT EDUCATION SURCHARGE OF \$50.00 PURSUANT TO H.R.S. SECTION 607-5.6 NOT WAIVED

\_\_\_\_\_  
 Judge of the Above-Entitled Court

DATED: Wailuku, Hawai'i: \_\_\_\_\_