MAINE JUDICIAL BRANCH

V.	Plaintiff Defendant	"X" the court for filing: Superior Court District Court County: Location (Town): Docket No.:
	FION OF DELAIN OCEED WITHOUT F M.R. Civ. P	
appeal fee, or dther:	action in good faith am able to do so, i s.	ee, service costs, mediation fee, jury fee, based on the information in n. I agree to pay any fees or costs that may be f I receive a monetary settlement, or am deemed to ing service by mail because:
·	·	
Date (<i>mm/dd/yyyy</i>):		ature of Applicant) ress:
		ohone:
PLEASE NOTE: You must file this	s application WITH	a completed Financial Affidavit (CV-191).
 1. The court has reviewed the prop faith and is without sufficient fur the filing fee is waived. 	. –	appears that the applicant is proceeding in good
shall be fully paid by the the court. If the opposin days from the date of thi	opposing party unle g party does not pa s Order, mediation posing party's oblig	the mediation fee is waived. The mediation fee ess the opposing party also obtains a waiver from y the mediation fee or obtain a waiver within 14 may be scheduled at the request of the applicant ation to pay the mediation fee shall be made by
ADA Notice: The Maine Judicial Branch complies accommodation, contact the Court Access Coor Language Services: For language assistance and	dinator, accessibility@c	

MAINE JUDICIAL BRANCH

		the service costs shall be paid as an expense of administration. The applicant must contact the appropriate agency directly to arrange for service of the motion or complaint.				
	the applicant is to attempt service by mail with acknowledgement. If such service is unsuccessful, service by deputy or by registered mail may be authorized on motion of the applicant, accompanied by an affidavit describing the attempted service by mail with acknowledgement, and after such hearing as may be necessary.					
	Service by Alternate Means will not be approved except on specific motion.					
	the jury fee is waived.					
		Other:				
2 .	The court finds the applicant has the ability to pay all or part of the fees. It is ORDERED that the applicant pay \$ toward the Filing Fee, Mediation Fee, Service costs, and/or Jury fee, as follows: \$ each week month beginning (<i>mm/dd/yyyy</i>)					
3 .		he decision on whether to waive or require reimbursement of the Filing Fee, Service costs, Mediation Fee, and/or Jury fee is reserved and shall be made by further order of the court.				
4 .	The application is DENIED . If the application seeks a waiver of a filing fee and the applicant fails to pay the filing fee within 7 days of this Order, the action shall be dismissed without prejudice.					
5 .	If the applicant obtains a monetary settlement or is deemed to be the prevailing party fees or costs waived pursuant to this Order may be taxed as costs against the opposing party in favor of the State.					
	This Order is incorporated into the docket by reference at the specific direction of the Court.					
Date (<i>mm/dd/yyyy</i>):						
		🗌 Judge 🔄 Justice 🗌 Magistrate				

ADA Notice: The Maine Judicial Branch complies with the Americans with Disabilities Act (ADA). If you need a reasonable accommodation, contact the Court Access Coordinator, <u>accessibility@courts.maine.gov</u>, or a court clerk. **Language Services:** For language assistance and interpreters, contact a court clerk or <u>interpreters@courts.maine.gov</u>.

MAINE JUDICIAL BRANCH

V.	Plaintiff Defendant	<i>"X" the court for filing:</i> Superior Court District Court Unified Criminal Docket County:				
FINANCIAL AFFIDAVIT						
I submit this affidavit in support of (My application to proceed w Other:	<i>"X" one</i>): ithout payment of fees	lavit:				
Date of Birth (<i>mm/dd/yyyy</i>):		Work Phone:				
Email:						
Property worth more than \$250 (ind House \$ Vehicle \$ Recreational Vehicles (boat,	Cash in the Bank \$ Clude property owned alone or (amount owed on b Clustocks \$ ATV, snowmobile, etc.) \$	Money owed to me \$				

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EXPENSES (Monthly):				
Mortgage: \$	Child Support: \$	Utilities: \$		
Food: \$	Cable: \$	Credit Card: \$		
Loans: \$	Heat: \$	Rent: \$		
Cell Phone: \$	Other:	\$\$		
Check any of the following that ap	יעומכ:			
I have (number) o				
		port of \$ per		
		·		
I live alone				
I live with another who is my	🗌 spouse 🗌 friend 🗌 paren	t(s)		
The person I live with shares n				
week bi-weekly mo	nth 🗌 other			
agree that further investigation m I also understand that I have a con any changes in my employment o	hay be conducted, if necessary ntinuing obligation, personally r other financial circumstance any that the above statements vidence in court and that I am	are true and correct. I understand that these subject to prosecution for perjury punishable		
Date (<i>mm/dd/yyyy</i>):	▶			
	Signatur	Signature of Applicant		
	Subscrib	bed and sworn to before me,		
Date (<i>mm/dd/yyyy</i>):				
	Nota	ary 🗌 Clerk 🗌 Attorney 🗌 Judge 🗌 Justice		

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