

MAINE JUDICIAL BRANCH

 _____ Plaintiff

"X" the court for filing:

☐ Superior Court ☐ District Court

County: _____

Location (Town): _____

Docket No.: _____

V.

 _____ Defendant

APPLICATION OF ☐ PLAINTIFF ☐ DEFENDANT
 TO PROCEED WITHOUT PAYMENT OF FEES

M.R. Civ. P. 91

I am without funds to pay the ("*X*" *all that apply*) ☐ filing fee, ☐ service costs, ☐ mediation fee, ☐ jury fee, ☐ appeal fee, or ☐ other: _____ based on the information in my attached affidavit. I am bringing this action in good faith. I agree to pay any fees or costs that may be waived if at any time during this action I am able to do so, if I receive a monetary settlement, or am deemed to be the prevailing party and receive costs.

☐ I request that service costs be paid without first attempting service by mail because:

Date (mm/dd/yyyy): _____



(Signature of Applicant)

Address: _____

Telephone: _____

Email: _____

PLEASE NOTE: You must file this application *WITH* a completed Financial Affidavit (CV-191).

ORDER OF COURT

☐ 1. The court has reviewed the proposed pleadings. It appears that the applicant is proceeding in good faith and is without sufficient funds to pay certain fees or costs. It is **ORDERED** that:

☐ the **filing fee** is waived.

☐ the applicant's obligation to pay any part of the **mediation fee** is waived. The mediation fee shall be fully paid by the opposing party unless the opposing party also obtains a waiver from the court. If the opposing party does not pay the mediation fee or obtain a waiver within 14 days from the date of this Order, mediation may be scheduled at the request of the applicant and a decision on the opposing party's obligation to pay the mediation fee shall be made by further order of the court.

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, accessibility@courts.maine.gov, or a court clerk.

Language Services: For language assistance and interpreters, contact a court clerk or interpreters@courts.maine.gov.

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 (mm/dd/yyyy) _____.
- ☐ 3. The 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 (mm/dd/yyyy): _____



☐ Judge ☐ Justice ☐ Magistrate

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MAINE JUDICIAL BRANCH

Plaintiff

"X" the court for filing:

☐ Superior Court ☐ District Court

☐ Unified Criminal Docket

V.

County: _____

Location (Town): _____

Docket No.: _____

Defendant

FINANCIAL AFFIDAVIT

Name of person whose financial information appears on this affidavit: _____

I submit this affidavit in support of ("X" one):

☐ My application to proceed without payment of fees

☐ Other: _____

Mailing Address: _____

Date of Birth (mm/dd/yyyy): _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email: _____

INCOME:

☐ Employment. Employer is (name and address): _____

☐ Salary and wages (gross pay) \$ _____ every ☐ week ☐ biweekly ☐ month

☐ other: _____

OR

☐ Hourly wage \$ _____ and number of hours worked _____ per ☐ week ☐ biweekly ☐ month

☐ other: _____

☐ Benefits (check all that apply):

☐ Unemployment ☐ Social Security ☐ TANF ☐ Alimony/child support

☐ Other: _____

Total \$ _____ per ☐ week ☐ biweekly ☐ month ☐ other: _____

(if you get multiple benefits, list the total amount of all the benefits per month above)

ASSETS:

☐ Cash bail I posted (1st party) in this or any other case (total amount) \$ _____

☐ Cash on hand \$ _____ ☐ Cash in the Bank \$ _____ ☐ Money owed to me \$ _____

Property worth more than \$250 (include property owned alone or with any other person):

☐ House \$ _____ (amount owed on house: \$ _____)

☐ Vehicle \$ _____ ☐ Stocks \$ _____

☐ Recreational Vehicles (boat, ATV, snowmobile, etc.) \$ _____

☐ Other: _____ \$ _____

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EXPENSES (Monthly):

<input type="checkbox"/> Mortgage: \$ _____	<input type="checkbox"/> Child Support: \$ _____	<input type="checkbox"/> Utilities: \$ _____
<input type="checkbox"/> Food: \$ _____	<input type="checkbox"/> Cable: \$ _____	<input type="checkbox"/> Credit Card: \$ _____
<input type="checkbox"/> Loans: \$ _____	<input type="checkbox"/> Heat: \$ _____	<input type="checkbox"/> Rent: \$ _____
<input type="checkbox"/> Cell Phone: \$ _____	<input type="checkbox"/> Other: _____	\$ _____

Check any of the following that apply:

☐ I have _____ (number) of children who live with me

☐ I have _____ (number) of children for whom I pay support of \$ _____ per
☐ week ☐ bi-weekly ☐ month ☐ other _____

☐ I live alone

☐ I live with another who is my ☐ spouse ☐ friend ☐ parent(s) ☐ other _____

☐ The person I live with shares my living expenses and contributes \$ _____ per
☐ week ☐ bi-weekly ☐ month ☐ other _____

☐ I have read the above form, I understand it, and the answers to the questions are true. I understand and agree that further investigation may be conducted, if necessary, to verify the information that I have provided. I also understand that I have a continuing obligation, personally and through counsel, to report to the court any changes in my employment or other financial circumstances.

☐ I swear under penalty of perjury that the above statements are true and correct. I understand that these statements are made for use as evidence in court and that I am subject to prosecution for perjury punishable by up to 5 years in prison and a fine of up to \$5,000.00 if I give false information to the court.

Date (mm/dd/yyyy): _____

_____
Signature of Applicant

Subscribed and sworn to before me,

Date (mm/dd/yyyy): _____

☐ Notary ☐ Clerk ☐ Attorney ☐ Judge ☐ Justice

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