RECEIVED: Instructions: 1) A petitioner in a probate matter may use this form to establish that he or she is indigent and unable to pay probate fees and expenses for which the petitioner may be responsible. 2) The request for waiver of fees must be accompanied by documentation substantiating the petitioner's reported assets and income and the reported assets and income of members of the petitioner's household. For example, pay stubs from employment and evidence of public assistance are required. 3) There is a rebuttable presumption that the petitioner is indigent if (1) he or she receives public assistance OR (2) the annual income of the petitioner's household is 125% or less of the federal poverty level after taxes, other mandatory payroll deductions, and child care expenses. 4) Type or print the form in ink. Use Second Sheet, PC-180, if more space is needed. **Probate Court Name District Number** In the Matter of Petitioner (List name and address.) **Type of Matter** The undersigned represents that: 1) The total number of the petitioner's dependents (exclude petitioner) is 2) The petitioner's gross monthly income from employment is 3) The petitioner's net monthly income from employment after taxes and other mandatory payroll deductions is..... 4) The net monthly income from employment of all other members of petitioner's household after taxes and other mandatory payroll deductions is...... 5) Other monthly income (include income to petitioner and other members of the petitioner's household) is: a) Public Assistance (Specify.)_____ b) Social Security..... c) Pension d) Unemployment Compensation e) Other (Specify.) Total other monthly household income (Items 5a through 5e above)..... Total net monthly household income (Items 3,4 and 5 above)..... The undersigned further represents that: 1) Estimated value of assets owned by petitioner and other members of the petitioner's household: Outstanding mortgage Net value... a) Real estate b) Motor Vehicles Outstanding loans Net value.. c) Balance of all savings accounts

d) Balance of all checking accounts e) Cash

Total net value of the household assets (Items 1a through 1f above)

Request/Order Waiver of Fees - Petitioner

f) Other assets (specify)

| 2) | The liabilities/debts of the petitioner's household are (excluding | above mortgages/l | oans): | |
|-------------|---|--|---|----------|
| | a) Credit card balance | | | |
| | b) Other (specify) | | | |
| 3) | The estimated monthly expenses of the petitioner's household a | ıre: | | |
| | a) Rent/Mortgage | | | |
| | b) Property Taxes | | | |
| | c) Utilities | | | |
| | d) Food | | | |
| | e) Medical and Dental | | | |
| | f) Insurance premiums (medical, auto, home, etc.) | | | |
| | g) Clothing | | | |
| | h) Child Care | | | |
| | i) Car loan | | | |
| | j) Minimum monthly credit card payment | | | |
| | k) Other transportation costs (bus, gasoline) | | | |
| | I) Other (specify) | | | |
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