

**37<sup>th</sup> Judicial Circuit of Michigan**  
**Caseflow Management Directive**

**RE: Waiver/Suspension of Fees/Costs for Indigent Person**

This directive establishes the standards and process to be observed uniformly by the Circuit Court in processing applications for waiver/suspension of fees and/or costs pursuant to applicable statute and MCR 2.002. This process and the standards provided are intended to supplement the requirements of the Michigan Court Rule.

1. Application: All applications must be by an otherwise eligible applicant (who must be a natural person, not a company or entity) fully completing and filing with the Circuit Court Clerk SCAO form MC-20 (05/07 or current edition), Affidavit and Order, Suspension of Fees/Costs and MC-287 (03/08 or current edition), Financial Statement (for use by persons who are not receiving public assistance.) The Clerk shall provide a copy of the forms to the applicant upon request at no charge.

2. Fees/Costs: Per MCR 2.002(A), the term “fees and costs” is limited for waiver/suspension purposes to only filing or entry fees required by law. Under appropriate showing, the term can be extended to include process service fees and/or publication costs per MCR 2.002(F).

3. Standards:

A. Persons Receiving Public Assistance: The term “public assistance” means cash assistance provided under the Social Welfare Act, MCL 400.1 to 400.119b. (Cash assistance includes Temporary Assistance to Needy Families (TANF), Family Independence Payments (FIP (formerly AFDC)), and Supplemental Security Income (SSI). It DOES NOT include food assistance, child care or medical assistance.) Per MCR 2.002(C), if a party shows that he or she is receiving public assistance, the payment of fees and costs shall be suspended by the court.

B. Other Indigent Persons: Per MCR 2.002(D) if a party shows inability to pay fees and costs because of indigency, the court shall order either waiver or suspension of fees and costs until the conclusion of the litigation. To qualify under this provision, the party must show they are either represented by a federally recognized legal services organization (eligibility for which is based on indigence); or, that their annual family income before taxes is less than 125% of the Federal Poverty Guidelines for a family of their family size for which they are legally liable to support; or, that the party’s family income and/or liquidable assets are not enough to pay for the common necessities of life for them and the people they are required by law to support and also to pay court fees and costs.

4. Review of Application: Upon filing with the Circuit Court Clerk of the properly

completed MC-20 and MC-287 (as applicable), the application will be referred by the Clerk to the Court Collections Unit (CCU) for review and recommendation. The CCU will interview (if necessary) the applicant (either in person or by telephone) and make a written recommendation within 1 business day. The completed MC-20, MC-287 (as applicable) and the recommendation shall be forwarded promptly by CCU as follows: a) to the Chief Circuit Judge for commencement of new actions; or, b) to the assigned Trial Judge for matters subsequent to initiation of a case. The Chief Judge or assigned Trial Judge will review the application and recommendation and complete the order portion of the MC-20. The MC-20 with the completed order together with the MC-287 (if applicable) and the CCU recommendation form shall be returned to the Court Clerk for filing. The Court Clerk shall inform the party of the judicial action.

5. Certain Domestic Relations Cases: If a party is granted a fee waiver/suspension in an action for divorce, separate maintenance, or annulment or affirmation of marriage, the court shall order applicant's spouse to pay the fees and costs per MCR 2.002(E). In such an event, the Court Clerk shall notify the party of the amount due.

6. This directive is effective July 1, 2009.

DATED: June 9, 2009

A handwritten signature in black ink, appearing to read "Allen L. Garbrecht". The signature is written in a cursive, flowing style.

ALLEN L. GARBRECHT.  
Chief Circuit Judge

<b>STATE OF MICHIGAN</b>  JUDICIAL DISTRICT JUDICIAL CIRCUIT COUNTY PROBATE	<b>AFFIDAVIT AND ORDER          SUSPENSION OF FEES/COSTS</b>	<b>CASE NO.</b>
---	--	-----------------

Court address \_\_\_\_\_

Court telephone no. \_\_\_\_\_

Plaintiff/Petitioner name, address, and telephone no.	<b>v</b>	Defendant/Respondent name, address, and telephone no.
Plaintiff's/Petitioner's attorney, bar no., address, telephone no.		Defendant's/Respondent's attorney, bar no., address, telephone no.
<input type="checkbox"/> Probate In the matter of _____		

NOTE: Requests for waiver/suspension of transcript costs must be made separately by motion.

**AFFIDAVIT**

1. The attached pleading is to be filed with the court by or on behalf of \_\_\_\_\_, Name  
applicant, who is  plaintiff/petitioner.  defendant/respondent.

2. The applicant is entitled to and asks the court for suspension of fees and costs in the action for the following reason:

a. S/he is currently receiving public assistance: \$ \_\_\_\_\_ per \_\_\_\_\_ Case No.: \_\_\_\_\_

b. S/he is unable to pay those fees and costs because of indigency, based on the following facts:

**INCOME:** \_\_\_\_\_  
Employer name and address

Length of employment \_\_\_\_\_ Average gross pay \_\_\_\_\_ Average net pay \_\_\_\_\_ per  week.  month.  two weeks.

**ASSETS:** State value of car, home, bank deposits, bonds, stocks, etc.

**OBLIGATIONS:** Itemize monthly rent, installment payments, mortgage payments, child support, etc.

3. The number of people living in the applicant's household is \_\_\_\_\_.

4. (in domestic relations cases only) The applicant is entitled to an order requiring his/her spouse to pay attorney fees.

**REIMBURSEMENT:** It is understood that the court may order the applicant to pay the fees and costs when the reason for the waiver or suspension no longer exists.

\_\_\_\_\_  
Affiant signature

Subscribed and sworn to before me on \_\_\_\_\_, \_\_\_\_\_ County, Michigan.  
Date

My commission expires: \_\_\_\_\_ Date Signature: \_\_\_\_\_  
Deputy clerk/Register/Notary public

Notary public, State of Michigan, County of \_\_\_\_\_

(SEE REVERSE SIDE FOR ORDER)

**CERTIFICATION OF ATTORNEY**

1. I have reviewed the affidavit of indigency, and I certify that its contents are true to the best of my information, knowledge, and belief.
2. I will bring to the court's attention the matter of suspended costs and fees and the availability of funds to pay them before any disposition is entered. I will report at that time any changes in the information contained in the affidavit of indigency or any other information regarding the affiant's financial status or alterations of the fee arrangement.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Attorney signature

\_\_\_\_\_  
Attorney name (type or print) Bar no.

**CERTIFICATION BY PERSON OTHER THAN PARTY**

1. I have personal knowledge of the facts appearing in the affidavit.
2. The person in whose behalf the petition is filed is unable to sign it because of

minority: \_\_\_\_\_  other disability: \_\_\_\_\_  
Date of birth Nature of disability

Relationship: \_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Affiant signature

\_\_\_\_\_  
Affiant name (type or print)

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, state, zip Telephone no.

**ORDER**

**IT IS ORDERED:**

1. Fees and costs in this action required by law or court rule are waived/suspended until further order of the court. Before any final disposition or discontinuance is entered, the moving party shall bring the fee and costs suspension to the attention of the judge for final disposition.
2. The applicant's spouse shall pay the fees and costs required by law or court rule.
3. This application is denied.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Judge/Magistrate Bar no.

<b>STATE OF MICHIGAN</b>	<b>FINANCIAL STATEMENT</b>	<b>CASE NO.</b>
--------------------------	----------------------------	-----------------

Court address \_\_\_\_\_ Court telephone no. \_\_\_\_\_

**PERSONAL INFORMATION**

Name (last, first, middle)			Date of birth		SSN (last 4 digits)
Address <input type="checkbox"/> house <input type="checkbox"/> apartment <input type="checkbox"/> lot no.			City		Zip
Home phone no.	Work phone no.	Cellular phone no.	Driver's license no.		State
Mailing address (if different than above)			Marital status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced If divorced, date final _____		
Name and address of nearest living relative			Relationship		Phone no.
Names of dependents		Dates of birth	Student (Yes/No)	College/University	
Employer 1 (Company name and address)			Length of employment		
Employer 2 (Company name and address)			Length of employment		
If self-employed, type of business/trade		If unemployed, source of support <input type="checkbox"/> General assistance <input type="checkbox"/> SSI <input type="checkbox"/> Food stamps <input type="checkbox"/> AFDC			
Have you ever filed for bankruptcy? <input type="checkbox"/> Yes <input type="checkbox"/> No			If yes, date filed		Date completed

**ASSETS**

Vehicle #1	Year / Make	Present Value
		\$
Vehicle #2	Year / Make	Present Value
		\$
Bank/Financial account no.	Name and address of financial institution	Present balance
		\$
Bank/Financial account no.	Name and address of financial institution	Present balance
		\$
Bank/Financial account no.	Name and address of financial institution	Present balance
		\$
Investment/Brokerage account no.	Name and address of financial institution	Present balance
		\$
Other property such as real estate, boats, snowmobiles (describe)		Value
		\$
<b>TOTAL ASSETS</b>		<b>\$</b>

MONTHLY INCOME	
Gross monthly income (self)	\$
Gross monthly income (spouse)	\$
Unemployment benefits	\$
Social security	\$
Retirement/Pension benefits	\$
Child support	\$
Alimony/Maintenance	\$
Disability	\$
Veteran's benefits	\$
Interest/Dividends	\$
Other (cash):	\$
<b>TOTAL INCOME</b>	<b>\$</b>

MONTHLY EXPENSES	
Mortgage or rent	\$
Utilities	\$
Vehicle payments	\$
Insurance (vehicle/health/life)	\$
Other loan payments	\$
Child support/Alimony	\$
Medical payments	\$
Court payments	\$
Other:	\$
<b>TOTAL EXPENSES</b>	<b>\$</b>

I certify under penalty of perjury that this financial statement is a complete and accurate statement of my income, assets, and expenses, and that I have no other additional income. I will supply supporting documentation of income and debts upon request.

Date \_\_\_\_\_

Signature \_\_\_\_\_

## RECOMMENDATION FOR FEES/COSTS WAIVER/SUSPENSION

Case No.: \_\_\_\_\_

The applicant, \_\_\_\_\_, has requested that the fees/costs be  
Name

waived/suspended in this case.

Following a review of the information provided by the applicant, I recommend that the application be

Approved for the reason that:

- the party is receiving public assistance
- the party is represented by a federally recognized legal service organization
- family income is less than 125% of Federal Poverty Guidelines
- family income or liquidable assets are not enough to pay for common necessities

Denied for the reason that:

- family income exceeds 125% of Federal Poverty Guidelines
- family income or liquidable assets are sufficient to pay for common necessities: \_\_\_\_\_  
identify liquid asset(s)

Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_

- New filing - refer to Chief Judge
- Subsequent filing - refer to assigned Judge \_\_\_\_\_

Name