

To Clerk: Do not issue summons until request is granted or filing fee is paid.

IN THE DISTRICT/SUPERIOR COURT FOR THE STATE OF ALASKA
AT _____

Plaintiff,
vs.

Defendant.

CASE NO. _____

**REQUEST FOR EXEMPTION
FROM PAYMENT OF FEES**

I, _____, request exemption from payment of the fees listed in Administrative Rule 9(f)(1) due to my financial inability to pay.

FINANCIAL STATEMENT

Name: _____ Phone: _____
Residence Address: _____ Date of Birth: _____
_____ Soc. Sec. No.: _____
Mailing Address: _____
Present Employer: _____
(If not now employed, state last employer and date terminated.)
Employer's Address: _____ Employer's Phone: _____

1.	INCOME INFORMATION (after taxes, but before other deductions)		
a.	Income during last 12 months:	<u> Yourself </u>	<u> Your Spouse </u>
	Wages.....	_____	_____
	Public Assistance	_____	_____
	Unemployment.....	_____	_____
	Other _____	_____	_____
	(Specify)		
	TOTAL:	_____	_____
b.	Current Monthly Income from all sources:	_____	_____

2. **FAMILY MONTHLY EXPENSES:**

Food	_____
Rent	_____
Utilities	_____
Car payments	_____
Furniture & Equipment payments	_____
Child support or alimony	_____
Loans/Time payments	_____
TOTAL EXPENSES:	_____

