

<b>Administrative Hearings Bureau City of Ypsilanti</b>	<b>FEE WAIVER REQUEST</b>	<b>CASE NUMBER</b>
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**Court address**  
1 S Huron, Ypsilanti Mi 48197

**Court telephone number**  
734 483 1100

Plaintiff/Petitioner's name, address, and telephone number	<b>V</b>	Defendant/Respondent's name, address, and telephone number
Plaintiff/Petitioner's attorney, bar number, address, and telephone number		Defendant/Respondent's attorney, bar number, address, and telephone number

In the matter of \_\_\_\_\_

**Instructions:** Complete this form and file it with the court. If this request is filed by a prisoner, a certified statement of the prisoner's trust account showing a current balance and a 12-month history of deposits and withdrawals must accompany this form. After you receive a decision on your request, you must serve your request and the decision on the other party(ies).

I request a waiver of my filing fees for the following reason: (Check 1, 2, or 3)

1. I receive the following type(s) of public assistance because of indigence:
- Food Assistance Program through the State of Michigan (also known as FAP or SNAP)
  - Medicaid (including Healthy Michigan, CHIP, and ESO)
  - Family Independence Program through the State of Michigan (also known as FIP or TANF)
  - Women, Infants, and Children benefits (WIC)
  - Supplemental Security Income through the federal government (SSI)
  - Other means-tested public assistance: \_\_\_\_\_
- My public assistance case number(s) (if any) is \_\_\_\_\_  
Write "none" if no case number. Do not write your Social Security Number
2. I am represented by a legal services program or I receive assistance from a law school clinic because of indigence. The name of the legal services program or law school clinic is \_\_\_\_\_
3. I am unable to pay the fees and I did not check item 1 or 2 above.
- My gross household income is \$ \_\_\_\_\_ every \_\_\_\_\_  
Week/Two weeks/Month/Year
- The number of people in my household is \_\_\_\_\_.
- My source of income is \_\_\_\_\_
- List assets and their worth, such as bank accounts. If you need more space, attach a separate sheet.

List obligations and how much you pay, such as rent or other debts. If you need more space, attach a separate sheet.

I declare under the penalties of perjury that this request has been examined by me and that its contents are true to the best of my information, knowledge, and belief.

Date	Signature
Approved, SCAO Form MC 20, Rev. 9/23 MCR 2.002 Page 1 of 2	Distribute form to: Court Applicant Other parties Friend of the court (when applicable)