STATE OF MICHIGAN 44th Circuit Court-Family Division Livingston County	MOTION AND ORDER FOR ATTORNEY FEE WAIVER	FILE NO. Judge Miriam A. Cavanaugh

Court Address: 204 S. Highlander Way, Suite 3, Howell, MI 48843 Phone: (517) 546-1500

IN THE MATTER OF: _____ DATE: _____

I, _____ (respondent name), move the Court to find I do not have the ability to pay the costs of legal representation in this matter and ask the Court to enter an order waiving all attorney fees, based on the following:

☐ 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 or Disability through the federal government (SSI or SSDI)
- ☐ 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 currently serving a sentence in a correctional institution.

☐ 3. I am under the age of 18 (DOB: _____).

☐ 4. MDHHS conducted a fund source determination and found the child to be Title IVE eligible (DHS-167-CWFS).

☐ My attorney has read and explained to me all the questions contained in this ability to pay form and all of my answers are truthful.

OR

☐ I have waived my right to an attorney. I have read all the questions contained in this ability to pay form and my answers are truthful.

SIGNATURE OF RESPONDENT: _____ DATE: _____

☐ I have read and explained this ability to pay form to my client.

SIGNATURE OF ATTORNEY: _____ DATE: _____

ORDER

IT IS ORDERED:

☐ 1. The Respondent is receiving public assistance, meets the definition of indigence and therefore the cost of legal representation will not be assessed.

☐ 2. The Respondent is ☐ currently serving a sentence in a correctional institution ☐ under the age of 18, and therefore the cost of legal representation will not be assessed.

☐ 3. The Respondent asserts an inability to pay but did not check an item in 1 or 2 above. The Respondent will complete a financial statement and submit to the court by _____. The Court Financial Officer, with the assistance of the Collections Specialist, will conduct an ability to pay analysis and report findings to the court seven days prior to the dispositional hearing. A payment plan may be recommended.

_____
Referee Chelsea Thomason P-79334

_____
Hon. Miriam A. Cavanaugh P-61875