

REQUEST FOR RELIEF FROM COURT FILING FEES (continued)

5. Do you own any motor vehicles?

Yes No

6. Do you receive any of the following (check all that apply)?:

- Social Security payments (e.g. SSI or SSDI) or Retirement?
- Supplemental Nutrition Assistance Program (SNAP)
- Temporary Aid to Needy Families (TANF) [formerly AFDC]
- Food Stamps (GA)

7. List any persons who depend upon you for financial support. State your relationship to those persons and state how much you contribute to their support.

8. Do you have any other sources of income not listed above?

Yes No

If the answer is Yes, describe what other income you receive.

DECLARATION

I DECLARE UNDER PENALTY OF PERJURY THAT WHAT I HAVE STATED IS TRUE AND CORRECT.

Signature of Filing Party/Attorney:

Date:

Print/Type Name:

(Reserved For Court Use)

ORDER

Having reviewed the request for relief from costs the court :

This request is **GRANTED** court filing fees are waived.

The request is **DENIED**.

Date:

Judge



In accordance with the **Americans with Disabilities Act**, and other applicable State and Federal laws, if you require an accommodation for your disability when working with a court program, service, or activity please contact the District Court Administration Office at PHONE NO. 244-2800, FAX 244-2849, or email adarequest@courts.hawaii.gov at least (10) working days before your preceeding, hearing, or appointment date. For Civil related matters, please call 244-2706 or visit the Service Center at 2145 Main Street, Room 141A, Wailuku, Hawai'i 96793.