

**REQUEST FOR RELIEF FROM COURT COSTS;
DECLARATION; ORDER**

Form 1DC13

**IN THE DISTRICT COURT OF THE FIRST CIRCUIT

DIVISION
STATE OF HAWAII**

Plaintiff

Reserved for Court Use

Civil No.

Defendant

Filing Party/Attorney Name, Attorney Number, Firm Name (if applicable), Address, Telephone and Fax Number or Email

☐ Check if you are an attorney representing the filing party *pro bono*

REQUEST FOR RELIEF FROM COURT FILING FEES

Pursuant to Hawai'i Revised Statutes §607-3, the filing party in this case asks the court to waive the prepayment of court filing fees as set forth in Hawai'i Revised Statutes §607-4(b) because he or she is unable to pay such costs and provide for his or her necessities in life.

Please answer the following questions:

1. Are you currently employed? Yes ☐ No ☐

a. If the answer is Yes,

- ▶ State the amount of your monthly salary/wages: \$ _____
- ▶ Name and address of your employer: _____

b. If the answer is No,

- ▶ State the date you were last employed: _____
- ▶ Name and address of your former employer: _____

2. Do you rent ☐ or own ☐ your home?

- ▶ State the amount of your monthly rent/mortgage payment: \$ _____
- ▶ If you rent, do you receive any rent assistance? (Section 8) Yes ☐ No ☐

3. Do you own any real estate other than your home?

Yes ☐ No ☐

If the answer is Yes, state the total value: \$ _____

4. Do you have any money in any bank account? (Include any funds in prison accounts.)

Yes ☐ No ☐

If the answer is Yes, state the total amount: \$ _____

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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.

Date:

Signature of Filing Party/Attorney:

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

For Civil related matters, please call **(808) 538-5629** or visit the District Court Service Center at 1111 Alakea Street, Third (3rd) Floor, Honolulu, HI 96813

Americans with Disabilities Act Notice



If you need an accommodation for a disability when participating in a court program, service or activity, please contact the ADA Coordinator as soon as possible to allow the court time to provide an accommodation:

- Call (808) 538-5121; or
- Send an email to adarequest@courts.hawaii.gov

The court will try to provide, but cannot guarantee, your requested auxiliary aid, service or accommodation.