

STATE OF MICHIGAN  
JUDICIAL DISTRICT

JUDICIAL CIRCUIT  
COUNTY

CASE NO. and JUDGE  
JIS CODE: OSF

FEE WAIVER REQUEST

23-191-MI

Court address Court telephone no. *Ingham County Probate Ct  
313 West Kalamazoo St, Lansing MI 48933*

Plaintiff/Petitioner's name, address, and telephone no. <i>Diane Petryk objector to eval. &amp; transport petition 218 Paris Ave Lansing MI 48910</i>	v	Defendant/Respondent's name, address, and telephone no. <i>Diane Petryk defendant to eval &amp; transport petition 218 PARIS AVE Lansing MI 48910</i>
Plaintiff/Petitioner's attorney, bar no., address, and telephone no. <i>pro-se 517 455 5607</i>		Defendant/Respondent's attorney, bar no., address, and telephone no. 
In the matter of <i>motion to dismiss &amp; objection to</i>		

**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 *NONE* Write "none" if no case number. Do not write your SSN.

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.

*Diane Petryk*

Date \_\_\_\_\_ Signature  
Approved, SCAO

Form MC 20, Rev. 9/23 MCR 2.002

FILED

NOV 14 2023

INGHAM COUNTY  
PROBATE COURT

**CLERK WAIVER**

1. Payment of filing fees is waived.



\_\_\_\_\_  
Signature of court clerk and date

**ORDER**

**IT IS ORDERED:**

- 1. Payment of filing fees is waived because:
  - a. Your gross household income is under 125% of the federal poverty guidelines.
  - b. Your gross household income is above 125% of the federal poverty guidelines, but payment of the fees would constitute a financial hardship for you.
  - c. Other:

If you become able to pay the fees before this case is resolved, you must notify the court.

- 2. The fee waiver request is denied because:
  - a. Your gross household income is above 125% of the federal poverty guidelines and payment of the fees would not constitute a financial hardship for you.
  - b. Other:

\_\_\_\_\_  
Judge/Magistrate (when authorized) signature and date

**NOTICE**

**IF YOUR REQUEST WAS DENIED:** To continue your case and preserve your filing date, you have 14 days from the issue date below to pay the filing fees or request a review. To request a review, fill out a Request for Review of Denied Fee Waiver (form MC 114) and file it with the court.

\_\_\_\_\_  
Issue date (completed by clerk)