

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

Form 5DC13

**IN THE DISTRICT COURT OF THE FIFTH CIRCUIT**

**STATE OF HAWAI‘I**

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.**

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 a disability when working with a court program, service, or activity, please contact the District Court Administration Office at PHONE NO. (808) 482-2347, FAX(808) 482-2509, or TTY (808) 482-2533 at least ten (10) working days before your proceeding, hearing, or appointment date.