

STATE OF MICHIGAN JUDICIAL DISTRICT	DISTRICT COURT CASE EVALUATION FEE ASSISTANCE APPLICATION	CASE NO.
Court address and phone number		Judge

Plaintiff's name and address

Plaintiff's attorney name, address, telephone number and bar number.

V

Defendant's name and address

Defendant's attorney name (if any), bar number, address and telephone number.

APPLICATION

1. I ask the Oakland County Bar Association to assist with case evaluation fees for the following reason:
- a. I am currently receiving public assistance. My MDHHS case number is: _____
 - b. I receive public assistance from a source other than MDHHS. The type, source, and case number (if any) are: _____
 - c. I am unable to pay fees and costs because of indigency, based on the following facts:
 - My average gross income is about \$ _____ every _____ (week, two weeks, month).
 - I am receiving unemployment benefits.
 - I am not employed

The total amount in all my bank accounts is: \$ _____

I pay \$ _____ in rent/mortgage every month. I pay \$ _____ in utilities (water, electricity, gas) every month. I pay \$ _____ for court-ordered _____.

Write down any other obligations and how much you pay. If you need more space, attach a separate sheet of paper.

2. The number of people living in my household is _____.
3. I am signing this application for a person who
- is a minor
 - has the following disability: _____

I swear and affirm that the above statements are true to the best of my knowledge:

Applicant signature: _____ Name (print): _____

_____ Phone: _____ Email: _____

Date

APPROVAL/DENIAL

- 4. The application is approved
- 5. The application is denied because _____

_____ Date

**Call the Oakland County District Court Case Evaluation Administrator at 248-334-3400 with any questions.
Send Application to:
District Court Case Evaluation
1760 S. Telegraph Road, Suite 100
Bloomfield Hills, MI 48302**