| STATE OF Y | WYOMING |) | | II | N THE DI | STRICT CO | URT |
|---------------------------------|--|---------------------------------------|------------------------|------------------------------|--------------------|----------------|-----------|
| COUNTY O | F |) ss _) | | | JUDI | CIAL DIST | RICT |
| Plaintiff/Peti | tioner:(Print name of perso | on filing) | ,) | Civil Acti | on Case N | Io | |
| vs. | | |))) | CONFID | <u>ENTIAL</u> | | |
| Defendant/R | espondent:(Print name | of other party) |) | | | | |
| THE UND | AFFIDAVIT OF I OF FILING FEES A ERSIGNED REQUES ASSOCIATED | UESTS THE | EES AS | SOCIATEI | IVE FII | EWITH LING FEE | |
| THIS AFF THE TRUZ PORTION | GNED FURTHER IDAVIT IS THE T IH. I FURTHER A OF THE FOLLOW | FRUTH, THE AUTHORIZE WING INFO | E WHO E THE RMAT | OLE TRUT COURT TO ION: | 'H, AND O VERII | NOTHIN | G BUT |
| 1. My na | NAL/LIVING ARE ame is: am the Plaintiff/Petition | | | | | | |
| 2. Year | of Birth: | | F | lace of Birth: | | | |
| 3. Marit | al Status: | ☐ Separated | d 🔲 l | Unmarried (si | ngle, divor | ced or widow | ed) |
| 4. My s _I | pouse's name is: | | | | | | |
| (a) N | ently reside at: (Physical Applications and Applications | al Address) | (City) | (State) | Zip) | How Long? | (Yrs-Mos) |
| (a) I (b) Y (c) M | fome Number is: (| the day at: (for me at: (: () |) | | er is: (|) | |

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| 7. | I own my home: YES or NO | | | | | | | |
|-------|--|--------------------------|----------------|------------|-------|--|--|--|
| | If you own your home: | | | | | | | |
| | (a) I owe \$ on the mo | ortgage. | | | | | | |
| | (b) The monthly mortgage payment is | | | | | | | |
| | (c) The house I own could be sold for | | | | | | | |
| | (d) I pay lot rent of \$/mo. | | | | | | | |
| | If you do not own your home: | | | | | | | |
| | (e) I live with: | | | | | | | |
| | (f) I pay \$/m | o. rent. | | | | | | |
| | (e) I live with:/mo. rent. (f) I pay \$/mo. rent. (g) I gave the landlord a damage deposit of \$ | | | | | | | |
| | (h) I pay lot rent of \$ | /mo. | | | | | | |
| 8. | Previous Address: | | | | | | | |
| | (Street Address) | (Ci | ty) | (State) | (Zip) | | | |
| 9. | How long at previous address? | (Yrs/Mos) | | | | | | |
| | | | | | | | | |
| II. (| OCCUPATION/EMPLOYMENT | I/INCOME SOUR | RCES: | | | | | |
| | | | | | | | | |
| 10. | | My occupation/trade is: | | | | | | |
| | (a) I am employed by: | | \ | | | | | |
| | (b) My monthly GROSS income (bef | ore deductions, tax, etc | c.) is: \$ | | | | | |
| | (c) My monthly NET income (after d | eductions) is: \$ | | | | | | |
| | (d) I am unemployed, the last time I v | worked was: | | | | | | |
| | (e) My last place of employment was | : | | 1 ¢ | | | | |
| | (f) If currently unemployed, please di | scrose the amount of y | our last payen | eck: \$ | | | | |
| | (g) I have the following OTHER sour | ces of income: | | | | | | |
| | Social Security | \$ | | | | | | |
| | Workers' Comp. | \$ | | | | | | |
| | Workers' Comp. TANF Benefits | \$ | | | | | | |
| | Veteran's Benefits | \$ | | | | | | |
| | Welfare | \$ | | | | | | |
| | Child Support | \$ | | | | | | |
| | Unemployment | \$ | — Wks/Mos | Remaining: | | | | |
| | Other | \$ | | | | | | |
| | | | | | | | | |
| III. | ASSETS: | | | | | | | |
| 11. | I have the following cash, or other liqu | uid assets, on hand: \$ | | | | | | |

| 12. | 2. I and my spouse (if married) have the following savings and/or checking accounts: | | | | | | |
|-----|---|------------------------|----------------------|-------------------|--------------------|--|--|
| | NAME OF BANK | LAST 4 DIGI ACCOUNT | | CURRENT | BALANCE | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| 13. | I own the following vehicles | recreational vehicles | ATV's motore | veles tractors be | nate jet ekje etc: | | |
| 13. | YEAR | MAKE / MO | | APPROX | | | |
| | | 3/22/22/27 | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| 15. | (b) I can borrow \$ for the expenses of this action. (c) I own other real estate (other than primary residence) worth approximately \$ (d) I do do not expect to receive a \$ tax refund on (e) I am owed accounts receivable worth about \$ (f) I own machinery or equipment worth approximately \$ (g) Estimated value of household furniture and appliances is \$ (h) I own clothing and jewelry worth approximately \$ (i) I own guns worth approximately \$ (j) I own tools worth about \$ | | | | | | |
| CR | EDIT CARD/LAST 4 DIGITS | S OF ACCOUNT # | MONTHLY | | | | |
| | | | PMT. | OWING | LINE | | |
| | | | | | | | |
| | | | | | | | |
| | | | <u> </u> | | | | |
| 16. | I have the following monthly | v payments (including | utilities, i.e. tele | phone, cable, etc | .): | | |
| | PAYABLE TO | | MONTHLY | | BALANCE | | |
| | | | | EST. PMTS. | OWING | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

17. I have remaining debt, as follows: (include to whom and the amount owed)

| PAYABLE TO/ADDRESS/PHONE NUMBER | MONTHLY PMTS. | BALANCE OWING |
|---------------------------------|---------------|------------------|
| | | |
| | | |
| | | |

V. OTHER:

18. The dependents I claim on my annual income tax returns are:

| NAME | (Initials Only) | RELATIONSHIP | NAME (Initials Only) | RELATIONSHIP |
|------|-----------------|--------------|----------------------|--------------|
| 1) | | | 4) | |
| 2) | | | 5) | |
| 3) | | | 6) | |

19. I have read, am familiar with, and understand the following law of the State of Wyoming:

"A person commits a felony punishable by imprisonment for not more than two (2) years, a fine of not more than two thousand dollars (\$2,000), or both, if, while under a lawfully administered oath or affirmation in a matter where an oath is authorized by law, he knowingly makes a false certificate, affidavit, acknowledgment, declaration or statement other than in a judicial or administrative proceeding." Wyoming Statute § 6-5-303.

| Address: | re Name: | | |
|--|------------------|------|-----|
| STATE OF WYOMING) COUNTY OF Subscribed and sworn to before me by | | this | day |
| witness my hand and official seal. | | | |
| My Commission Expires: | Notarial Officer | | |