

<b>STATE OF MICHIGAN JUDICIAL DISTRICT JUDICIAL CIRCUIT COUNTY PROBATE</b>	<b>REQUEST FOR REVIEW OF DENIED FEE WAIVER AND ORDER</b>	<b>CASE NO. and JUDGE</b>
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Court address \_\_\_\_\_ Court telephone no. \_\_\_\_\_

Plaintiff/Petitioner's name, address, and telephone no.	<b>v</b>	Defendant/Respondent's name, address, and telephone no.
Plaintiff/Petitioner's attorney, bar no., address, and telephone no.		Defendant/Respondent's attorney, bar no., address, and telephone no.
In the matter of _____		

**REQUEST FOR REVIEW**

1. I request a de novo review of the order denying my fee waiver.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

**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 signature and date