

# BEFORE



CENTRAL IOWA REGIONAL OFFICE  
1111 9TH STREET, SUITE 230  
DES MOINES, IOWA 50314-2527

(515) 243-1193 OR (800) 532-1503 ( VOICE AND TDD )  
ESPAÑOL (800) 272-0008 FAX (515) 244-4618



Date

Address

This original text was  
shortened to fit on one page.

Dear :

I am writing because you contacted us and asked for help. When you talked to us, you told us that you received a petition to foreclose on your home, and you want to know what to do.

You can use the enclosed forms. **You do not need an attorney to do this step.**

We do not have enough attorneys to represent everyone who asks for our help. Because of this, we can not represent you at this time. We can offer you the information and the forms in this letter. This is the only help we can give you.

Under the law, you can do two different things to protect your rights in a foreclosure. (1) You can file an Answer and fight the foreclosure. (2) You can file a Demand for Delay of Sale. **You can do either or both.**

You can also try to negotiate with the plaintiff's attorney at any time, but it is best to do this before judgment is entered. If you have equity in the home, you may want to see if you can sell it. You could then pay off the amounts owed. Please read all of the instructions below to help you decide whether you wish to file an answer, a Demand for Delay of Sale, or both.

**Answer:** You should do this if you have any reason to believe there may be something wrong with the way the foreclosure is being done. For example, the amount they claim you owe is wrong. **You must file your answer within 20 days of the date you were served.** If you don't, a default could be entered against you. If you do not file an Answer in time, you should then get a Notice that states you have 10 additional days to file your Answer, or else you will lose by default judgment.

**Demand for Delay of Sale:** As soon as the plaintiff gets a judgment, the plaintiff can have the property sold. You will be forced to move. When you have to move depends on a number of things, including if you file a Demand for Delay of Sale. The Demand must be filed **before** judgment is entered against you. **If you do not file an Answer, the judgment will be entered as a default. This can happen as soon as 30 days after you were served. By filing the Demand on time, you can delay the sale and your move.** The delay will be 6 months if the plaintiff has "waived" or given up its right to collect a deficiency judgment. A deficiency is the difference between how much you owe on the loan, court costs, attorneys fees, etc. and what they sell the home for. If the plaintiff does not give up its right to a deficiency, the delay will be 12 months.

**Once you have filed your Demand to Delay and Answer,** you may wish to hire a private attorney, especially if there are issues which will require a trial before a judge. An attorney can help you with all of your case, or just parts. Some private firms will allow you to make payments over time if you are unable to pay the entire fee at the start of your case.

We hope you find this information helpful. Your file in our office will be closed now.

Sincerely,

Attorney for Iowa Legal Aid

# AFTER

**SAMPLE**  
Not Legal Advice



[Client Address]  
[Client Address]  
[Client Address]

[Date]

Dear [Client Name]:

You recently asked us for help with a foreclosure on your home.

We are sorry that we cannot give you a lawyer from our office. But we can give you information and court forms that can help you.

Here are things you can do (without a lawyer) to get more time and to negotiate what you owe:

- Call the lender and ask if you can negotiate. The lender's name and phone number are on the *Notice*.
- File an *Answer* and fight the foreclosure. (You should do this if anything on the court papers, like how much you owe, is incorrect.)
- File a *Demand for Delay of Sale*. You may be able to get 6-12 more months to stay in your home.

If you decide to file an *Answer* or a *Demand*, fill out the forms in this packet. The bubbles will tell you what to do. Or you can fill out the forms online at: [www.iowalegalaid.org](http://www.iowalegalaid.org)

Then, take your completed form plus 2 copies to the court clerk's office. The clerk will keep the original, and file stamp your 2 copies. Mail one copy to the lender at the address on the *Notice*. Keep the other copy for your records.

You don't need a lawyer to do these things. But it is a good idea to talk to a lawyer. Some lawyers can help you keep the costs down by helping you with just some parts of your case and they can tell you how to do the rest. Many lawyers allow you to make payments.

We hope this information will help you.

Iowa Legal Services has closed your case.

Sincerely,

Iowa Legal Aid Attorney

Encl: Forms and instructions



Iowa Legal Aid – Central Iowa Office  
1111 9th Street, Suite 230, Des Moines, Iowa 50314-2527  
(515) 243-1193 • Español (800) 272-0008 • (800) 532-1503 (Voice and TDD)

### Is there any way to stop the sale?

Yes, if you can pay what you owe the lender, you can stop the sale and get your home back.

### Can I stay in my home after the sale?

Probably not. After it is sold, unless the new owner agrees to let you stay, you must go.

If you do not, the new owner can get a court order to make you move.

### Can I try to buy my home back?

Yes. You can put in a bid.

### Where can I get legal help?

You can hire a lawyer to do some or all parts of your case. Some lawyers will let you make payments.

To find a lawyer, call the Iowa Bar Association. Ask them to refer you to a lawyer who specializes in foreclosures.

[\[Iowa Bar Assn tel here\]](http://www.IowaBar.org)

### Where can I get the court forms I need?

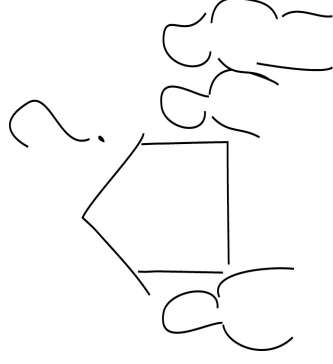
You can download the court forms you need to file an *Answer* or a *Demand to delay the sale* from: [www.iowalegalaid.org](http://www.iowalegalaid.org)

### Questions?

Call the Attorney General's Foreclosure Hotline: **877-622-4866**.

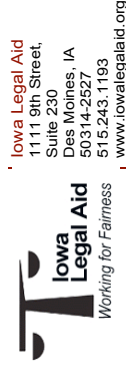
They can help you with [\[explain here.\]](#)

Or visit our website: [www.iowalegalaid.org](http://www.iowalegalaid.org)



## Will I lose my home?

**What to do if you cannot make your house payments**



Iowa Legal Aid  
1111 9th Street,  
Suite 230  
Des Moines, IA  
50314-2527  
515.243.1193  
[www.iowalegalaid.org](http://www.iowalegalaid.org)

Iowa Legal Aid  
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Des Moines, IA 50314-2527

## AFTER

### Will I lose my house if I can't make my payments?

Maybe. But there are things that you can do to get more time and to negotiate what you owe.

If the lender sent you a *Notice of right to cure* saying are in "default" because your payments are past due, read it carefully.

The *Notice* will also say:

- How much you must pay to get out of default (missed payments and late charges), and
- Your deadline to pay or make other arrangements

### Should I do what the Notice says?

If the information on the Notice is correct, and you can, yes! And do it by the deadline.

If you do not what they ask by the deadline, they can take steps to take away your home.

### What if I can't pay by the deadline?

Call the lender and ask if you can negotiate. The lender's lender's name and phone number are on the the *Notice*.



**Important!** Read the *Notice* carefully, and call the Lender right away!

### What do I say to the lender when I call?

You can say:

- You received the *Notice*, and
- You do not want to lose your home.

Ask how they can help you keep your home, such as:

- More time to pay
- Lower payments or interest
- Cancel late charges,
- Let you sell it and pay off the loan, etc.

### Will the lender try to help me?

Most lenders will try to work with you. But, if cannot come to an agreement, they can start a foreclosure lawsuit to take your house away.

### How will I know if they start to foreclose?

You will get served with a copy of the court papers that start the lawsuit.

Look at the papers carefully. If anything is wrong, such as how much money you owe, you should file an *Answer*.

You have **20 days** after getting served to file your *Answer* with the court clerk. You must also send a copy of your Answer to the lender.

If you do not file an *Answer*, you will get one more notice saying you have **10 days** to answer.

### What happens after I file my Answer?

The lender will probably ask the court to decide the case right away (summary judgment).

Unless your *Answer* shows that the lender's facts are not correct, the court will probably allow the lender to foreclose on your home.

### Can I ask for more time?

Yes. If there is no court order yet saying your home can be sold, you can file a *Demand to delay the sale*. Do this as soon as you can!

You may be able to stay in your home 6-12 months more. After the delay, if your payments are not up to date, the lender can sell your home.

*If you file a Demand, the court may let you stay in your home 6-12 months more.*

*Exception:* If your court papers you were served have a "deficiency judgment," talk to a lawyer before you file a *Demand*.

### What if the court says they can sell my home?

If this happens, the court paper will say why your home can be sold. You can probably stay in the home until it's sold.

**SAMPLE**  
Not Legal Advice

IN THE SUPERIOR COURT OF GUAM

THE PEOPLE OF GUAM

vs.

Defendant(s).

Criminal Case No. \_\_\_\_\_

ORDER OF CONDITIONAL RELEASE  
AND APPEARANCE BOND

IT IS HEREBY ORDERED that Defendant is released from custody under the following conditions:

- 9 1. **BAIL:** \$\_\_\_\_\_ CASH/SECURED - UNSECURED/PR BOND must be posted before Defendant is released, which amount shall be forfeited in its entirety if Defendant fails to make any court appearance or violates any of the terms of this Release Order. As a condition of the Defendants release on this bond pursuant to Chapter 40 of the Criminal Code of Guam, it is understood and agreed that the Defendant must appear in person in the above-entitled Court in accordance with any and all directions and orders relating to his/her appearance in the above-entitled matter, as may be given or issued by the Court or any Judicial Officer thereof.
- 9 2. **APPEARANCES:** Defendant is ordered to appear next on \_\_\_\_\_, and shall appear at all further criminal trial proceedings.
- 9 3. **NO CONTACT/STAY AWAY:** Defendant is ordered to stay away from, and have no contact with the victim(s), either in person, through a third-party, by telephone, by letter, or otherwise, including any specified witness or witnesses, \_\_\_\_\_ Defendant shall stay away from the victim(s), his/her/their residence, dwelling, place of employment, school, day care center, establishment, or any family or social function. Upon becoming aware of the victim's presence, or planned presence, Defendant is ordered to immediately leave the function, or establishment.
- 9 4. **NO THREATS/ASSAULT/HARASSMENT:** Defendant is restrained from threatening to commit or committing acts of family violence against, or from harassing, annoying, or molesting the victim(s), or other family or household members, or any person named in the complaint or indictment or in this order \_\_\_\_\_
- 9 5. **THIRD-PARTY CUSTODIAN:** 1. \_\_\_\_\_ 2. \_\_\_\_\_ is/are appointed Third-Party Custodian(s) whose residence is \_\_\_\_\_ and having agreed to supervise the defendant in accordance with the conditions contained herein; to use every effort to assure the appearance of the defendant at all scheduled hearings before the Court, and to notify the Court immediately in the event the defendant violates any condition of his/her release or disappears. Defendant shall reside with Third-Party Custodian(s). Defendant must be accompanied by Third-Party Custodians at all times. Signature: 1. \_\_\_\_\_ Tel. \_\_\_\_\_ 2. \_\_\_\_\_ Tel. \_\_\_\_\_
- 9 6. **HOUSE ARREST:** Defendant is under house-arrest and may not leave the above residence except for court appearances, to meet with Defense Counsel or the Probation Officer, to attend religious services, for emergency medical treatment employment, or .
- 9 7. **CURFEW:** Defendant shall obey the following curfew: \_\_\_\_\_
- 9 8. **FIREARMS:** Defendant shall not possess any firearms, or other deadly weapons. Any and all firearms or weapons, including identification card(s), must be removed from the Defendant's residence or surrendered to the Probation Office. Probation or the Guam Police is authorized to search Defendant's person, residence, or vehicle for firearms/weapons.
- 9 9. **ALCOHOL/DRUGS:** Defendant shall not possess, and/or consume any alcoholic beverages and/or illegal controlled substances. Defendants shall submit to random/weekly alcohol and/or drug testing at the request of the Probation Office. Failure to submit to such testing will be considered a violation. Probation Office or the Guam Police are authorized to search Defendant's residence, vehicle, or person for alcoholic beverages and/or illegal controlled substance(s). Defendant shall not enter any alcohol establishment(s).
- 9 10. **CO-DEFENDANTS/FELONS:** Defendant shall have no contact with co-defendant(s) either in person, by telephone, by letter, through a third-party, or any other method. Defendant shall not associate with any known felons.
- 9 11. **REPORTING:** Defendant shall report to the Probation Office 9 in person, 9 by telephone: 9 weekly; 9 monthly
- 9 12. **TRAVEL:** Defendant must turn in his/her passport to the Probation Office. Defendant cannot leave Guam without permission of this Court.
- 9 13. **OTHER REQUIREMENTS:** \_\_\_\_\_
14. DEFENDANT SHALL OBEY ALL FEDERAL AND LOCAL LAWS, AND ABIDE BY ALL REASONABLE TERMS SET OUT BY PROBATION. DEFENDANT SHALL REPORT TO PROBATION OFFICE IN PERSON BEFORE 4:00PM ON THE NEXT WORK DAY FOLLOWING THEIR RELEASE FROM CUSTODY.  
TO ALL PEACE OFFICERS: This ORDER shall be enforced by all Peace Officers.

SO ORDERED this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

HONORABLE JUDGE  
Superior Court of Guam

Page 2  
ORDER OF CONDITIONAL RELEASE  
Defendant: \_\_\_\_\_  
Criminal Case No. \_\_\_\_\_

All conditions imposed by this Order are effective immediately. These conditions shall remain in effect until the Defendant is either sentenced,

I understand the methods and conditions of my release which have been checked above, the penalties and forfeitures applicable in the event I violate any condition or fail to appear as required.

I agree to comply fully with each of the obligations imposed on my release and to notify the Court promptly in the event I change the address indicated below.

I have received a copy of the Order and I understand that a violation of this Order is a Contempt of Court and shall cause me to be arrested and be subject to possible further criminal charges and/or revocation of my pre-trial release.

Defendant Name: \_\_\_\_\_

Residential Address: \_\_\_\_\_

City, State and Zip Code: \_\_\_\_\_

Telephone No.: \_\_\_\_\_

DATE

DEFENDANT SIGNATURE

acquitted, or the charge is dismissed. Defendant shall acknowledge that he/she has read, understands, and has signed the conditions specifically ordered. Any violation of paragraphs 3,4 and 8 shall constitute a misdemeanor punishable by imprisonment of up to one (1) year or a fine of \$1,000.00, or both. 9 G.C.A. §30.40. Violation of this Order, may subject Defendant to federal charges and punishment. 18 U.S.C. §§2261(a)-(b), 2261A, 2262(a)-(b). This Order is enforceable in all 50 States, the District of Columbia, Tribal Lands, and U.S. Territories. 18 U.S.C. §2265. It is unlawful for any person subject to an Order for protection or convicted of a misdemeanor crime of domestic violence to ship, transport, possess, or receive firearms or ammunition. 18 U.S.C. §922.

Territory of Guam )

ss )

Hagåtña, Guam )

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

DEPUTY CLERK/MARSHAL

BEFORE

# AFTER

## Conditional Release Order

Criminal Case No.: \_\_\_\_\_

Defendant: \_\_\_\_\_




## Superior Court of Guam

**SAMPLE**  
Not Legal Advice

## Court Orders


### To the Defendant:

You are released from custody and must obey the following conditions (*check all that apply*):

- ① ☐ You must obey all federal and local laws and all reasonable probation terms.
- ② ☐ **You must pay bail.** If you do not pay bail, you will stay in custody.  
Bail amount: \$ \_\_\_\_\_  
Bail type (*check one*): ☐ Cash/Secured ☐ Unsecured / PR Bond  
**Warning!** If you disobey any order checked on this form, you will lose your bail. (*Chapter 40, Guam Criminal Code*)
- ③ ☐ **Go to your court hearing on (date):** \_\_\_\_\_, and on any other date that the court may order.
- ④ ☐ **No Contact / Stay Away**  
Do not contact, phone, mail, e-mail, or communicate in any way, either directly or indirectly, with the following people (*specify*): \_\_\_\_\_  
Stay away from the victim's home, job, school, day care center, business, or any other place where the victim may be. If you find yourself in the same place as the victim, leave that place immediately.
- ⑤ ☐ **Do not threaten, assault, or harass**  
Do not commit, try to commit or threaten to commit any form of violence against any person listed on the court papers for this case. This includes stalking, harassing, threatening, physically hurting, or causing any other form of abuse.
- ⑥ ☐ **No Guns or Other Weapons**  
 You cannot possess, buy, ship, receive, or have a gun, firearm, firearms ID card, or any dangerous weapon. You must turn in any guns and weapons to the Probation Office. The Guam police or probation office may search you, your home, and your vehicle at any time for firearms/weapons. (18 U.S.C. §922)
- ⑦ ☐ **No Alcohol or Illegal Drugs**
  - Do not have or use alcohol or illegal drugs.
  - Do not go into a bar, liquor store, or alcohol-related business.
  - You must allow the probation office to test you for alcohol/drugs.
  - The Guam police or probation office may search you, your home, and your vehicle at any time for alcohol/drugs.
- ⑧ ☐ **Supervision** (*check all that apply*):
  - ☐ You will be monitored by (*supervisor's name*): \_\_\_\_\_
  - ☐ You will live at the supervisor's home (*supervisor's address*): \_\_\_\_\_
  - ☐ You must stay with the supervisor at all times.
  - ☐ Your supervisor will notify the court **immediately** if you do not follow these conditions.Supervisor's signature: \_\_\_\_\_ Tel. \_\_\_\_\_
- ⑨ ☐ **Report to Probation** by 4:00 pm on the first work day after your release (*date*): \_\_\_\_\_  
Report (*check one*): ☐ in person ☐ by phone  
Then, report (*check one*): ☐ Every week ☐ Every month ☐ Other (*specify*): \_\_\_\_\_

Defendant's name: \_\_\_\_\_

Case Number: \_\_\_\_\_

- ⑩ ☐ **House Arrest**  
You are under house arrest and must stay in your home at all times.  
(*Home address*): \_\_\_\_\_  
Street City State Zip Code  
*Exception:* You may leave the house to meet with your lawyer or probation officer, go to work, get emergency medical care, or attend religious services.
- ⑪ ☐ **Curfew**  
You must be at your home between \_\_\_\_\_ p.m. and \_\_\_\_\_ a.m.
- ⑫ ☐ **No contact with Co-Defendants/Felons:**  
Do not contact, phone, mail, e-mail, or communicate in any way, either directly or indirectly, with any other defendant in this case. Do not be around any person who you know has committed a felony.
- ⑬ ☐ **No Travel**  
Turn in your passport to the Probation Office. Do not leave Guam without permission of this Court.
- ⑭ ☐ **Other Requirements:** \_\_\_\_\_
- ⑮ ☐ **You will be arrested if you disobey this order.** It is a misdemeanor to disobey a No Contact, Do not harass, or No Guns order. You can be sent to jail for up to 1 year and fined \$1000. Any law enforcement in the U.S., the District of Columbia, tribal lands, and U.S. Territories can enforce this order. 18 U.S.C. §2265. 
- ⑯ **Start and End Date of This Order**  
This order starts on the date next to the judge's signature below. It lasts until the judge makes another order in your case.
- ⑰ **Defendant's contact information**  
Name: \_\_\_\_\_ Tel: \_\_\_\_\_  
Home address: \_\_\_\_\_  
Street City State Zip Code
- Read and sign below to accept the terms of this Order:**
- I have read and understand the orders checked above, and agree to follow them.
  - I understand that if I do not obey these orders I can be arrested, face new charges, and be sent back to jail.
  - I have received a copy of this form.
  - I agree to notify the Court right away if my address or phone number (listed above) changes.

Date: \_\_\_\_\_  
Defendant signs here

### The court fills out below:

Date: \_\_\_\_\_  
Signature of Judicial Officer of Superior Court of Guam

Subscribed and sworn to before me on  
(*date*): \_\_\_\_\_ by Deputy Clerk/Marshal (*signature*): \_\_\_\_\_  
Territory of Guam – Hagåtña, Guam

# BEFORE

IN THE MAGISTRATE COURT OF \_\_\_\_\_ COUNTY, WEST VIRGINIA

STATE OF WEST VIRGINIA

v. \_\_\_\_\_ CASE NO. \_\_\_\_\_

Defendant \_\_\_\_\_

## COMMUNITY CORRECTIONS: DIRECT SENTENCING ORDER

The Defendant having been convicted in the above-styled matter of the misdemeanor offense(s) of \_\_\_\_\_

the Court, having reviewed the file, the defendant's criminal history and listened to the arguments of the parties, is of the opinion that an alternative form of sentence would be appropriate in this case and be in the best interest of justice. Accordingly, the Court shall suspend the imposition of a sentence. to wit:

THEREFORE, in lieu of incarceration in a regional jail or a state correctional facility, the Court shall refer the defendant to the \_\_\_\_\_ County Community Corrections Program. Specifically, the Court HEREBY ORDERS the defendant's enrollment in the Community Corrections'. (please check applicable area below):

☐  
☐

Day Report Center Program  
Drug Court Program

It is Further ORDERED that the defendant shall report to the Community Corrections Program selected above, namely, the \_\_\_\_\_ at \_\_\_\_\_ on the day of January 20 The ☐ Day Report Center ☐ Drug Court is located at \_\_\_\_\_

It is Further ORDERED that failure to report to the Center or Court at the scheduled time shall constitute a violation of this order.

## Section B. Personal Agreement

The defendant further understands and agrees that while involved in the County's Community Corrections Program, the defendant will abide by the following terms and conditions:

1. Not commit another federal, state, or local crime during enrollment in the program;
2. Not leave the judicial district or other specified geographic area without the permission of the Community Corrections program Supervisor or his or her designee;
3. Refrain from the use of alcohol and shall not purchase, possess, use distribute, or administer any narcotic or other controlled substance or any paraphernalia related to such

substances, except as prescribed by a licensed physician;

4. Not associate with any persons engaged in a criminal activity, and shall not associate with any person convicted of a felony, unless granted permission to do so by the County's Community Corrections Program Supervisor or his or her designee;
5. Notify the County's Community Corrections Program Supervisor or his or her designee within seventy-two hours of being arrested or questioned by a law enforcement officer;
6. Not purchase or possess a firearm, destructive device, or other dangerous weapon at anytime;
7. Submit to a random urinalysis or any other drug screening method whenever the same is deemed appropriate by the County's Community Corrections Program Supervisor or his or her designee;
8. Abide by all the rules and regulations set forth by the County's Community Corrections Program. (NOTE: Any violation of the rules and regulations of the County's Community Corrections Program will result in the County's Community Corrections Program Supervisor or his or her designee terminating my enrollment. Any such termination will result in my arrest and possible incarceration for the crimes for which I was adjudged guilty. (Note: Pursuant to West Virginia Code 62-11C-5(g), any time spent in the County's Day Reporting Community Program will not entitle the defendant to "good time" or any other reduction in sentence should the defendant be terminated from the Program and incarcerated.))
9. The defendant shall have no contact with, or cause anyone to have contact with

while enrolled in the Community Corrections Program.

10. (Insert any additional conditions here) \_\_\_\_\_

## Section C. Level of Supervision

(Note: this section is to be completed by the Magistrate, but only if required by the County's Community Corrections program)

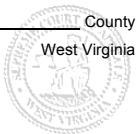
Based on a review of the file, the evidence presented and the arguments of the parties, the Court HEREBY ORDERS that, while enrolled in the Community Corrections Program, the defendant be placed on the following level of supervision:

# AFTER

## Community Corrections Sentencing Order

Magistrate Court of \_\_\_\_\_ County

**SAMPLE**  
Not Legal Advice



Case No.: \_\_\_\_\_

Defendant: \_\_\_\_\_

The Defendant has been convicted of the following misdemeanor(s) (*specify*): \_\_\_\_\_

After reviewing the Defendant's criminal history and the evidence in this case, the Court believes that a community corrections sentence is in the best interest of justice, and suspends the following sentence:

### To the Defendant:

Instead of serving time in jail, you must report to the corrections program checked below on

(*date*): \_\_\_\_\_ at (*time*): \_\_\_\_\_

☐ Day Report Center at (*address*): \_\_\_\_\_

☐ Drug Court Program at (*address*): \_\_\_\_\_

You must report to this program (*specify*): ☐ Every week ☐ Every day ☐ Other (*specify*): \_\_\_\_\_

### Conditions

Until you finish the corrections program, you must obey all conditions listed below:

1. Do not commit any crime.
2. Do not leave (*specify area*): \_\_\_\_\_ without permission from the corrections program.
3. Do not use alcohol.
4. Do not buy, have, use, distribute, or handle controlled drugs or drug paraphernalia, without a prescription from a licensed doctor.
5. Do not be with a felon or anyone committing a crime without permission from the corrections program.
6. Do not buy or have dangerous weapons of any kind.
7. If you are arrested or questioned by law enforcement, you must notify the corrections program within 72 hours.
8. If your corrections program wants to test you for drugs or alcohol, you must give urine or other samples.
9. Follow all of the corrections program's rules.
10. Do not have any contact, either direct or indirect with (*specify*): \_\_\_\_\_
11. Other conditions (*specify*): \_\_\_\_\_

### Fees

The Court has reviewed the evidence about the Defendant's ability to pay and orders the Defendant to pay the following corrections program fees:

Put your name and case  
number on your check.  
Keep a copy for your records.

Total Fee: \_\_\_\_\_ Pay \$ \_\_\_\_\_ per month, payable to: \_\_\_\_\_

Mail to: \_\_\_\_\_

☐ If this box is checked, the court waives the fees.

Other Orders: \_\_\_\_\_

**Warning to the Defendant!** Until you finish the corrections program, you must pay your fees and obey all orders on this form. If you do not, you will be dropped from the program, and the Court can impose the suspended sentence. If you are sent to jail or prison, your sentence will not be reduced, and you will not get "good time."

### Read and sign below:

I have read and understand the conditions listed above. I accept the conditions and agree to follow them.

\_\_\_\_\_

Date

Defendant's signature

\_\_\_\_\_

Date

Defendant's attorney's signature

\_\_\_\_\_

Date

Prosecutor's signature

\_\_\_\_\_

Date

Magistrate's signature

# BEFORE

## IN THE SUPERIOR COURT OF GUAM SMALL CLAIMS DIVISION

VS.

Plaintiff(s),

Defendant(s).

SMALL CLAIMS CASE NO.  
**SD**

**SUMMONS**

### THE TERRITORY OF GUAM TO THE WITHIN NAMED DEFENDANT(S), GREETINGS:

You are hereby directed to appear and answer the within and foregoing claims as set forth in the **DECLARATION** at the Small Claims Division, Superior Court of Guam, 120 W. O'Brien Dr., Agana, Guam, telephone 475-3274, on the \_\_\_\_\_, at \_\_\_\_\_m., and to have with you then and there all books, papers, and witnesses needed by you to establish your defense to said claim.

You are further notified that in case you do not so appear, judgment may be given against you for the amount of said claim as it is stated in said **DECLARATION**, and in addition, costs of the action including costs of service of the order.

Dated: \_\_\_\_\_

CLERK, SUPERIOR COURT OF GUAM

By: \_\_\_\_\_  
Deputy Clerk

### NOTICE OF PLAINTIFF(S):

You are hereby notified to appear on the date and time indicated above for trial of your Small Claims case and to have with you all books, papers and witnesses necessary to prove your claim. You are further notified that in case you do not appear the Court may take cognizance and dismiss your case for want of prosecution. Further, you may be liable for costs of this suit to include Marshal's mileage charges in the amount of 0.60¢ per mile for service of summons and for such other papers as may be required to be served.

Deputy Clerk

ACKNOWLEDGED BY PLAINTIFF(S):

\_\_\_\_\_  
\_\_\_\_\_

# AFTER

## Order to Go to Small Claims Trial

Defendant: \_\_\_\_\_

Plaintiff: \_\_\_\_\_

Superior Court of Guam  
Small Claims  
Case No.: \_\_\_\_\_



### The Court Orders:

The people in ① and ② must go to court on (date): \_\_\_\_\_ at \_\_\_\_\_ ☐ a.m. ☐ p.m.

At: Small Claims Division, Superior Court of Guam, 120 W. O'Brien Dr., Agana, Guam

① **Defendant's name (person being sued):** \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip Code

### To the Defendant:

The person in ② is suing you, and you must go to court on the date listed above.

- Bring witnesses, receipts, and any evidence you need to defend against this claim.
- Read this form and all pages attached to understand this case to protect your rights.
- If you do not go to the trial, you may lose the case. If you lose, the court can order that your wages, money, or property be taken to pay this claim and court costs.

② **Plaintiff's name (person suing):** \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip Code

### To the Plaintiff:

You must go to court on the date listed above. If you do not go, the court may dismiss your case, and you may have to pay the costs to copy and serve the papers in this case. Bring witnesses, receipts, and any evidence you need to prove your case.

Your signature below means you have read and understand this notice.

Plaintiff signs here Date

Clerk signs here

### Need help?

For free help, contact:



**SAMPLE**  
Not Legal Advice

[Insert court url here]

Or call the Small Claims Division at:  
**475-3274**

Order to Go to Small Claims Trial

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# BEFORE

## INSTRUCTIONS - WAIVER OF COURT FEES AND COSTS (IN FORMA PAUPERIS) Minnesota Statutes § 563.01

If you cannot afford to pay court fees and costs, you may be able to have these fees and costs waived. Under the law, the court can waive these fees and costs if:

1. You are receiving public assistance under one or more of the following programs:

Minnesota Family Investment Plan (MFIP), MFIP-Emergency Assistance, or MFIP-Diversionary Assistance; General Assistance or Emergency General Assistance; Medical Assistance or General Assistance Medical Care; Food Stamps; Supplemental Security Income; Minnesota Supplemental Assistance (MSA) or MSA-Emergency Assistance; Energy Assistance.

OR

2. You are represented by a legal services or volunteer attorney on behalf of a civil legal services program or a volunteer attorney program based on indigence.

OR

3. Your annual family income before taxes is less than 125% of the Federal Poverty Guidelines for your family size as indicated below.

Maximum Income Level – 125% of Poverty

Please Check Your Family Size	Size of Family Unit	Annual Family Income Before Taxes	Monthly Family Income Before Taxes	Weekly Family Income Before Taxes
	1	\$ 12,763	\$ 1,064	\$ 245
	2	\$ 17,113	\$ 1,426	\$ 329
	3	\$ 21,463	\$ 1,789	\$ 413
	4	\$ 25,813	\$ 2,151	\$ 496
	5	\$ 30,163	\$ 2,514	\$ 580
	6	\$ 34,513	\$ 2,876	\$ 664
	7	\$ 38,863	\$ 3,239	\$ 747
	8	\$ 43,213	\$ 3,601	\$ 831

More than 8 members, add \$4,350 annually for each additional family member (or \$363 monthly or \$84 weekly)

Number of family members: \_\_\_\_\_ Calculate and enter figure here: \$ \_\_\_\_\_

OR

4. Your income is not enough to pay for the common necessities of life for yourself and the people you support and also to pay court fees and costs.


6. ☐ My gross **annual** family income (before taxes and deductions) is \$ \_\_\_\_\_ which is less than 125% of the Federal Poverty Line for my family size of \_\_\_\_\_ members. *If you checked #6, skip to the signature line on page 2.*

**If you did not check #3a, 4, or 6 you must answer all of the rest of the questions.**

7. My gross **monthly** income before taxes and deductions is \$ \_\_\_\_\_. My net (take home) **monthly** income is \$ \_\_\_\_\_, and the source of that income is: ☐ Job ☐ Unemployment ☐ Child Support or Spousal Support ☐ Public Assistance ☐ Trust Income ☐ SSI ☐ Other: \_\_\_\_\_

8. My spouses' gross **monthly** income before taxes and deductions is \$ \_\_\_\_\_. My spouses' net (take home) **monthly** income is \$ \_\_\_\_\_, and the source of that income is \_\_\_\_\_. OR, I do not know my spouses' income because: \_\_\_\_\_ OR ☐ I am not married.

9. All other family members and dependents living with me have net **monthly** income as follows:

Name of person	Age	Net (take home) monthly income	Source of that Income

10. I pay \$ \_\_\_\_\_ per month in court-ordered child support and/or court-ordered child care.

11. I pay \$ \_\_\_\_\_ per month in court-ordered spousal support.

12. I pay \$ \_\_\_\_\_ per month for ☐ rent ☐ mortgage payment.

13. I own: Cash \$ \_\_\_\_\_  
Checking, savings and credit union accts \$ \_\_\_\_\_  
Cars, other vehicles (list make, year and equity value (market value minus unpaid loans)) \$ \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Real Estate (market value minus unpaid mortgage/loans)  
Homestead: \$ \_\_\_\_\_  
\_\_\_\_\_  
Other Real Estate: \$ \_\_\_\_\_  
\_\_\_\_\_  
Other personal property (jewelry, stocks, bonds, etc. - list separately) \$ \_\_\_\_\_  
\_\_\_\_\_



# AFTER

**FW-001**

## Request to Not Pay Court Fees

You may use this form to ask the court to “waive” your court fees if:

- You are getting need-based public assistance,
- You have a legal-aid type lawyer for this case,
- You are low-income and do not have enough income to pay for your household’s basic needs *and* your court fees.

**① Your Information** (*person asking the court to waive the fees*):

Name: \_\_\_\_\_

Street or Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone number: \_\_\_\_\_

You are the (*check one*): ☐ Petitioner/Plaintiff ☐ Respondent/Defendant

### Minnesota District Court

*Affidavit for Proceeding in Forma Pauperis*

Clerk fills out below:

County: \_\_\_\_\_

District: \_\_\_\_\_

File #: \_\_\_\_\_

Case type:

- ☐ Adoption ☐ Guardianship  
☐ Conservatorship ☐ Landlord / Tenant  
☐ Custody ☐ Name Change  
☐ Child Support ☐ Paternity  
☐ Divorce ☐ \_\_\_\_\_

**Why are you asking the court to cancel your court fees?** (*check one*):

**②** ☐ I receive public assistance from (*check all that apply*):

- ☐ MFIP ☐ SSI or MSA ☐ Food Stamps ☐ General Assistance / Discretionary Work Program  
☐ Medical Assistance ☐ Energy Assistance ☐ Other need-based help (*specify*): \_\_\_\_\_

You must attach **proof** or provide proof later, if the judge asks for it.

**③** ☐ I am represented by a legal-aid type lawyer.

Lawyer’s name: \_\_\_\_\_ Lawyer’s agency or program: \_\_\_\_\_

— If you checked **②** or **③** above, take your form to the Court Administrator. Do **not** fill out page 2. —

**④** ☐ I am low-income, and the gross **monthly** income of everyone in my household is less than the amount listed below. (*If you check this box, you **must** fill out ⑥ on page 2 of this form.*)

Family Size	Family Income	Family Size	Family Income	Family Size	Family Income
1	\$1,064	3	\$1,789	5	\$2,514
2	\$1,426	4	\$2,151	6	\$2,876

*If more than 6 people at home, add \$363 for each extra person.*

**⑤** ☐ I do not have enough income to pay for my household’s basic needs *and* the court fees. (*If you check this box, you **must** fill out ⑥ and ⑦ on page 2 of this form.*)

I have good reasons for being involved in this case, and my court forms are attached. I verify that the statements made in this affidavit are true and correct.

**Do not sign yet!** You must sign this form in front of the Court Administrator or a notary.

Date: \_\_\_\_\_

*Sign here*

**Notary fills out below—**

Sworn to / affirmed before me, on this date: \_\_\_\_\_

*Signature of notary/court administrator*

**SAMPLE**  
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**⑥ Income**

☐ Check here if your income changes a lot from month to month. Fill out below based on your *average* income for the past 12 months.

**Your Monthly Income**

2. a. Gross monthly income (*before deductions*): \$ \_\_\_\_\_

List each payroll deduction and amount below:

(1) \_\_\_\_\_ \$ \_\_\_\_\_  
(2) \_\_\_\_\_ \$ \_\_\_\_\_  
(3) \_\_\_\_\_ \$ \_\_\_\_\_  
(4) \_\_\_\_\_ \$ \_\_\_\_\_

b. Total deductions from your monthly paycheck: \$ \_\_\_\_\_

c. Total monthly take-home pay (*2a. minus 2b.*): \$ \_\_\_\_\_

d. List *any* other income you get each month and where it is from. Include: spousal/child support, social security, unemployment, trust income, etc.

(1) \_\_\_\_\_ \$ \_\_\_\_\_  
(2) \_\_\_\_\_ \$ \_\_\_\_\_  
(3) \_\_\_\_\_ \$ \_\_\_\_\_  
(4) \_\_\_\_\_ \$ \_\_\_\_\_

e. Your total monthly income is (*2c. plus 2d.*): \$ \_\_\_\_\_

**Household Income**

3. a. List **all** other family members living in your home and their income.

Name	Age	Relationship	Gross Monthly Income
(1) _____	_____	_____	\$ _____
(2) _____	_____	_____	\$ _____
(3) _____	_____	_____	\$ _____
(4) _____	_____	_____	\$ _____
(5) _____	_____	_____	\$ _____

b. Total monthly income of **all** family members above: \$ \_\_\_\_\_

**Total monthly income and household income** (*2e. plus 3b.*): \$ \_\_\_\_\_

**⑦ Expenses**

**Your Money and Property**

4. a. Cash \_\_\_\_\_ \$ \_\_\_\_\_

b. All financial accounts (*List bank name and amount*)

(1) \_\_\_\_\_ \$ \_\_\_\_\_  
(2) \_\_\_\_\_ \$ \_\_\_\_\_  
(3) \_\_\_\_\_ \$ \_\_\_\_\_

c. Cars, boats, and other vehicles

Make / Year	Fair Market Value	How much you still owe
(1) _____	\$ _____	\$ _____
(2) _____	\$ _____	\$ _____
(3) _____	\$ _____	\$ _____

d. Real estate

Address	Fair Market Value	How much you still owe
(1) _____	\$ _____	\$ _____
(2) _____	\$ _____	\$ _____

e. Other personal property (*jewelry, furniture, stocks, bonds, etc.*):

Describe	Fair Market Value	How much you still owe
(1) _____	\$ _____	\$ _____
(2) _____	\$ _____	\$ _____
(3) _____	\$ _____	\$ _____

**Your monthly expenses**

(*Do not list payroll deductions you already listed in 2b.*)

5. a. Rent or house payment \$ \_\_\_\_\_

b. Court-ordered childcare or child support \$ \_\_\_\_\_

c. Court-ordered spousal support \$ \_\_\_\_\_

d. Installment payments for your debts (*list each below*):

Paid to:	How much?
(1) _____	\$ _____
(2) _____	\$ _____
(3) _____	\$ _____
(4) _____	\$ _____

e. Any other monthly expenses (*list each below*): \$ \_\_\_\_\_

Paid to:	How much?
(1) _____	\$ _____
(2) _____	\$ _____
(3) _____	\$ _____
(4) _____	\$ _____

**Total monthly expenses**  
(*add 5a. – 5e. above*): \$ \_\_\_\_\_

**⑧** List any other facts you want the court to know, such as unusual medical expenses, family emergencies, etc.

# Plain Language Graphics

(look for these JPG graphics in the attached Word file)

