

Leif Orin Zimmermann

Name _____

414 Daisy Dean Road

Wilgall, M.T. 59086

City

State

Zip

leifzimmermann@gmail.com

[e-mail address]

Appelland

[Designation of party]

IN THE SUPREME COURT OF THE STATE OF MONTANA

No. DA 25-0143

[to be assigned by Clerk of Supreme Court]

Leif ~~Offen~~ Zimmermann

Appellant,

V.

Meghan Merker

Appellee.

**MOTION TO PROCEED
ON APPEAL WITHOUT
PAYING THE FILING
FEE**

I move the Court to allow this appeal to go forward without paying the filing fee and submit this Affidavit in support of my motion:

I, Leif Orin Zimmerman, am the Appellant
[Name] [Appellant or Appellee]
in the above-entitled matter. In support of my application to proceed without
paying the filing fee, I state that because of my financial condition, I am unable to
pay the filing fee. I believe the District Court made mistakes and that this Court



will decide these issues in my favor on appeal: [List the mistakes you believe the District Court made.]

1. District Courts confusing and conflicting Scheduling Orders

2. District Court did not ^{Schedule} a hearing for both Parties to explain reasons for missed deadlines, failure to notify and other deficiencies

3. _____

I swear my answers to the following questions are true:

1. Do you have a job?

☐ Yes ☒ No

If you do, state the amount of your last paycheck, and give the name and address of your employer:

N/A

If you do not have a job, when did you last work, and how much did you make the last month you worked?

October 2024 \$2,200.00

2. Did anyone give you money for work you have done, for sale of art or crafts you have made, day labor, or any other source during the past year?

☐ Yes ☒ No

If you answered "yes," please describe the source of the income or assistance and the amount of income per month.



3. Has anyone given you a loan or other money as temporary assistance?

☐ Yes ☒ No

If you answered "yes," please give the amount and when the money is to be repaid:

4. Are you receiving any checks, money or benefits from any of the following sources?

Social Security Disability Insurance (SSDI) ☐

Social Security Income (SSI) ☐

Temporary Assistance for Needy Families (TANF) ☐

Workers Compensation benefits ☐

Other disability benefits ☐

Public assistance of any type ☐

Give the sources and amounts of the benefits or assistance:

N/A

5. Do you have any checking or savings accounts?

☐ Yes ☒ No

If your answer was yes, state the present balance in each account:

6. Do you own any vehicles, land, buildings, stocks, bonds, notes, or other valuable property (do not include ordinary home furnishings and clothing)?

☐ Yes ☒ No

If you said, "yes," describe each item and give its approximate value:



7. Are you married?

☒ Yes ☐ No

Name of spouse: Jessica Dean Zimmermann

8. Does your spouse have a job or have any resources to assist you by paying the filing fee? NO

9. Do you have an obligation to support anyone else?

☐ Yes ☒ No

If you said, "yes," give each person's name, how you are related, and how much you pay toward each person's support per month:

STATE OF MONTANA)

County of Park) : ss.

I swear that everything stated in this motion and affidavit is true and correct to the best of my knowledge.

DATED this 11th day of February, 2025.

[Seal]

[Signature]

[Signature of Notary Public]

