

This form is also available in Spanish and Hmong.

<https://www.wicourts.gov/forms1/circuit/index.htm>

Este formulario está disponible en español y hmong.

Daim ntawv no muaj txhais ua lus Spanish thiab lus Hmoob.

STATE OF WISCONSIN, CIRCUIT COURT, _____ COUNTY

Amended

-VS-

**Petition for Waiver of Fees and Costs
Affidavit of Indigency**

Case No. _____

UNDER OATH, I STATE:

Because of poverty, I am unable to pay any filing and service fees, including the electronic filing fee, or _____, in this action, proceeding, or appeal, or to give security for those fees, and request waiver of those fees.

The documents I want to file are included with this Petition.

**Complete Section 1 if you receive aid from any of the programs listed.
If you do not receive aid, complete Section 2 only.**

Section 1.

I currently receive the following benefits and/or services:

- Supplemental security income. Relief funded under §59.53(21), Wis. Stats. Medical assistance.
 - Food stamps/FoodShare. Relief funded under public assistance.
 - Benefits for veterans under §45.40 (1m) or 38 USC 501-562.
 - Legal representation from the Public Defender’s Office, civil legal services program or a volunteer attorney program based on indigency.
- Name of program: _____
- Other means-tested public assistance: _____

My financial situation has has not changed since I became eligible for this program.

If you checked the “has” box, and such changes would make you ineligible for the program(s) if you applied today, you must complete Section 2.

Section 2.

1. I am am not married.
2. I am am not employed. Name of employer: _____
3. I earn [Gross pay] \$ _____ weekly. every 2 weeks. twice monthly. monthly.
My take-home pay [after taxes and deductions] is \$ _____ per pay period.
4. I receive gross monthly income totaling the amount of \$ _____ from
 - Pension Social security Unemployment compensation
 - Disability Student loans/grants Other: _____
5. I have the following cash assets:

<input type="checkbox"/> Savings accounts: \$ _____	<input type="checkbox"/> Cash: \$ _____
<input type="checkbox"/> Checking accounts: \$ _____	<input type="checkbox"/> Money owed me: \$ _____
6. I have the following other assets:

Vehicle-Yr./Make: _____ \$ _____ Household furnishings: \$ _____
 Vehicle-Yr./Make: _____ \$ _____ Equity in real estate: \$ _____
 Other individual assets valued over \$200 each: _____ \$ _____

7. My household consists of myself and _____ others:
 Full name: _____ Relationship to me: _____ Under age 18 Yes No
 Full name: _____ Relationship to me: _____ Under age 18 Yes No
 Full name: _____ Relationship to me: _____ Under age 18 Yes No
 Full name: _____ Relationship to me: _____ Under age 18 Yes No
 Full name: _____ Relationship to me: _____ Under age 18 Yes No

8. The other members of my household have gross monthly income totaling the amount of \$ _____ from
 Wages Social security Relief funded under public assistance Food stamps/FoodShare
 Pension Student loans/grants Unemployment compensation Supplemental security income
 Disability Relief funded under §59.53(21), Wisconsin Statutes Support/maintenance
 Other: _____

9. I have the following debts: Amount: Monthly Payment:
 a. Mortgage/Rent \$ _____ \$ _____
 b. Auto loan \$ _____ \$ _____
 c. Credit cards \$ _____ \$ _____
 d. Other: _____ \$ _____ \$ _____
 e. _____ \$ _____ \$ _____

10. I have the following unusual expenses, other than ordinary living expenses:

State of _____
 County of _____
 Subscribed and sworn to before me on _____


 Notary Public/Court Official

 Name Printed or Typed

My commission/term expires: _____

This notarial act involved the use of communication technology.

I understand that if my financial situation changes, I must notify the court immediately.

 _____
 Signature

Print or Type Name

Date of Birth

Address

Email Address

Telephone Number

Date

State Bar No. (if any)