
-vs-

Amended

Petition for Waiver of Fees and Costs - Affidavit of Indigency

Case No. _____

UNDER OATH, I STATE THAT 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. I am attaching a copy of my pleading in this matter.

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
 - 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 a 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:
 - Savings accounts: \$ _____ Cash: \$ _____
 - Checking accounts: \$ _____ 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 | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Full name: _____ | Relationship to me: _____ | Under age 18 | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Full name: _____ | Relationship to me: _____ | Under age 18 | <input type="checkbox"/> Yes | <input type="checkbox"/> 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
- | | | | |
|---------------------------------------|---|--|---|
| <input type="checkbox"/> Wages | <input type="checkbox"/> Social security | <input type="checkbox"/> Relief funded under public assistance | <input type="checkbox"/> Food stamps/FoodShare |
| <input type="checkbox"/> Pension | <input type="checkbox"/> Student loans/grants | <input type="checkbox"/> Unemployment compensation | <input type="checkbox"/> Supplemental security income |
| <input type="checkbox"/> Disability | <input type="checkbox"/> Relief funded under §59.53(21), Wisconsin Statutes | <input type="checkbox"/> Support/maintenance | |
| <input type="checkbox"/> 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:

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

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

Notary Public/Court Official

Name Printed or Typed

My commission/term expires: _____

▶ _____
Signature

Print or Type Name

Date of Birth

Address

Phone Number

Date