

Amended *Kho ntxiv*

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

-vs- -xub nrog-

**Ua Ntawv Thov kom Txhob Yuav  
Nqi Tes thiab Nqi Ntawv -  
Ntawv Teev Txoj Kev Txom Nyem**

Case No. \_\_\_\_\_  
*Tus Lej Cim*

This form does not replace the need for an interpreter, any colloquies mandated by law, or the responsibility of the court and counsel to ensure that persons with limited English proficiency fully comprehend their rights and obligations. This form must be completed in the English language.

*Daim foos no tsis hloov qhov xav tau ib tus neeg txhais lus, muaj kev sib tham txog dab tsi raws li txoj cai, los sis lub luag hauj lwm ntawm lub tsev hais plaub thiab tus kws lij choj kom ntseeg tau tias cov neeg uas tsis txawj lus Meskas zoo muaj kev nkag siab txog nws cov cai thiab nws cov hauj lwm yuav tau ua ntawd. Daim foos no yuavtsum ua kom tiav siv hom lus Askiv.*

**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.

**TSA TES, KUV TEEV LUS HAIS TIAS** *vim txoj kev txom nyem, kuv them tsis taus nqi ntawv thiab nqi tes, nrog rau tus nqi them ua ntawv hauv tshuab hluav taws xob, lossis ntawm rooj plaub no, cov txheej txheem no, lossis kev tawm tsam no, lossis muaj khoom txhiv cov nqi no, thiab thov kom muab cov nqi no tshem. Kuv npaj tau ib daim ntawv thov rau cov teeb meem nov.*

**Complete Section 1 if you receive aid from any of the programs listed.**

**If you do not receive aid, complete Section 2 only.**

**Khij Kom Tag Rho Theem 1 yog hais tias koj tau txais kev pab los ntawm cov kev pab nram qab no.**

**Yog hais tias tsis tau txais kev pab, khij theem 2 kom meej xwb.**

**Section 1 Theem 1.**

I currently receive

*Kuv tseem tau txais*

Supplemental security income.

*Nyiaj Laus/SSI.*

Relief funded under §59.53(21), Wis. Stats.

*Nyiaj pab cawm hauv tsab cai §59.53(21), Wis. Stats.*

Medical assistance

*Ntawv kho mob.*

Food stamps/FoodShare.

*Nyiaj Muas Noj*

Relief funded under public assistance.

*Nyiaj pab cawm ntawm tsoom fww*

Benefits for veterans under §45.40 (1m) or 38 USC 501-562.

*Kev pab vim yog qub tub nrog hauv tsab cai §45.40 (1m) or 38 USC 501-562.*

Legal representation from a civil legal services program or a volunteer attorney program based on indigency.

*Kws lij choj pab dawb lossis cov kwv lij choj hauv koom haum pab neeg txom nyem.*

Name of program: \_\_\_\_\_

*Npem Ntawm Faim Kev Pab:*

Other means-tested public assistance: \_\_\_\_\_

*Lwm txoj kev pab*

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

*Kuv txoj kev muaj nyiaj txiag tau tsis tau hloov txij kuv tau txais kev pab zaum no.*

**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.

Yog hais tias koj khij lub npov "tau" lawm, thiab qhov kev khij ntawv yuav ua rau koj tsis tsim nyog tau txais kev pab yog hais tias koj thov tuaj hnub no, koj yuav tsum khij theem 2 kom meej.

Section 2 Theem 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.
4. I receive gross monthly income totaling the amount of \$ [ ] from
5. I have the following cash assets:
6. I have the following other assets:
7. My household consists of myself and [ ] others:
8. The other members of my household have gross monthly income totaling the amount of \$ [ ] from
9. I have the following debts: Amount: Monthly Payment:

<i>Kuv muaj cov nqi hauv qab no:</i>	<i>Npaum Cas:</i>	<i>Them Ib Hlis:</i>
a. Mortgage/Rent <i>Nqi Tsev Yuav/Xaub</i>	\$ _____	_____
b. Auto loan <i>Nqi Tsheb</i>	\$ _____	_____
c. Credit cards <i>Nqi Credit Cards</i>	\$ _____	_____
d. Other: _____ <i>Lwm Yam:</i>	\$ _____	_____

10. I have the following unusual expenses, other than ordinary living expenses:  
*Kuv muaj lwm yam nqi txawv tshaj li ntawm cov nqi, uas niaj hnuv siv:*

\_\_\_\_\_

\_\_\_\_\_

State of *Lub Xeev* \_\_\_\_\_  
 County of *Lub Zos* \_\_\_\_\_  
 Subscribed and sworn to before me on \_\_\_\_\_  
*Thov thiab cog lus tim ntsej muag ntawm kuv*

Notary Public/Court Official *Tus Neeg Ntaus Thwj, Neeg Hauv Tsev Hais Plaub*

\_\_\_\_\_  
 Name Printed or Typed *Npe Sau lossis Ntaus*

My commission/term expires: \_\_\_\_\_  
*Kuv muaj cai ntaus thwj/tag kas nuv:*

I understand that if my financial situation changes,  
 I must notify the court immediately.  
*Kuv nkag siab zoo hais tias yog kuv txoj kev muaj nyiaj txiag  
 hloov, kuv yuav tsum ceeb toom lub tsev hais plaub paub kom sai  
 li sai tau.*

▶ \_\_\_\_\_  
 Signature *Hneev Tes Kos Npe*

\_\_\_\_\_  
 Print or Type Name *Sau Npe Los Yog Ntaus*

\_\_\_\_\_  
 Date of Birth *Hnuv Yug*

\_\_\_\_\_  
 Address *Chaw Nyob*

\_\_\_\_\_  
 Phone Number *Tus Xov Tooj*

\_\_\_\_\_  
 Date *Hnuv Tim*