

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. _____

I DECLARE 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.

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 <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 <input type="checkbox"/> Yes <input type="checkbox"/> No
Full name: _____	Relationship to me: _____	Under age 18 <input type="checkbox"/> Yes <input type="checkbox"/> 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.

I declare under the criminal penalty of false swearing that the information I have provided is true and accurate.

 _____
 Signature

Print or Type Name

Date of Birth

Address

Email Address _____ Telephone Number _____

Date _____ State Bar No. (if any) _____