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| **STATE OF WISCONSIN, CIRCUIT COURT,** **COUNTY** | |  |
| -vs- | Amended  **Petition for Waiver of**  **Fees and Costs -**  **Affidavit of Indigency** |
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|
|  | 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.

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

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| **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.***

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| **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  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.       $

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

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| State of  County of  Subscribed and sworn to before me on    Notary Public/Court Official    Name Printed or Typed  My commission/term expires: | I understand that if my financial situation changes,  I must notify the court immediately.  ⯈  Signature    Print or Type Name    Date of Birth    Address    Phone Number    Date |