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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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|       |

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| State of       County of       Subscribed and sworn to before me on             Notary Public/Court Official      Name Printed or TypedMy 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 |