**REQUEST FOR WAIVER OF FEES**

To: Waukesha County Juvenile Judge

521 Riverview Drive

Waukesha, WI 53188

Fax: 262-548-7459

RE: Child’s Name:

Child’s Date of Birth:

Case#:

Requestor’s Name:

Relationship to the Child:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I am requesting a waiver of fees related to the above case(s) for:

\_\_\_\_ Advocate Attorney \_\_\_\_ Guardian Ad Litem

The amount I am requesting to be waived is $\_\_\_\_\_\_\_\_. I have completed the attached form, which details my employment, income and expenses. (Requests for waiver of fees without this information provided in full may not be considered.)

*I certify under the penalty of perjury that I have completed this form to the best of*

*my ability, and that I have no other additional income. Supporting documentation*

*of income and debts will be available upon request.*

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
| **Personal Information** | | | |
| Name (last, first, middle) | | Date of Birth | |
| Address: | | | |
| Home Phone No. | Work Phone No. | Cell Phone No. | |
| Marital Status: □ single □ married □ separated □ widowed □ divorced | | | |
| Employer #1 (Company Name ) | | | Length of Employment |
| Address | | | |
| Employer #2 (Company Name) | | | Length of Employment |
| Address | | | |
| If Self-Employed, Type of Business/Trade | | | |

|  |
| --- |
| **Income & Expenses** |

|  |  |  |
| --- | --- | --- |
| Monthly Income (take home) $ |  | Mortgage or Rent $ |
| Spouse Monthly Income $ |  | Utilities $ |
| Unemployment Benefits $ |  | Vehicle Payments $ |
| Social Security $ |  | Insurance (vehicle/health/life) $ |
| Child Support , Alimony, $  Maintenance |  | Other Loan Payments $ |
| Disability $ |  | Medical Payments $ |
| Veteran's Benefits $ |  | Court Payments $ |
| Interest/Dividends $ |  | Other: $ |
| Other $  (food stamps, W2, medical assistance, etc.) |  |  |
| **TOTAL INCOME $** |  | **TOTAL EXPENSES $** |
|  |

G>Juvenile>Fees>Request for Wavier of Fees Last updated 05/17/2022