

Amended

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

-vs-

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.

**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
    - 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.**

**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	<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  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. \_\_\_\_\_      \$ \_\_\_\_\_      \_\_\_\_\_

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.

State of \_\_\_\_\_  
County of \_\_\_\_\_  
Subscribed and sworn to before me on \_\_\_\_\_

\_\_\_\_\_  
Notary Public/Court Official  
\_\_\_\_\_  
Name Printed or Typed

My commission/term expires: \_\_\_\_\_

▶ \_\_\_\_\_  
Signature

\_\_\_\_\_  
Print or Type Name

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Date

STATE OF WISCONSIN, CIRCUIT COURT, \_\_\_\_\_ COUNTY

Amended

**Order on Petition for  
Waiver of  
Fees and Costs**

\_\_\_\_\_  
-vs-  
\_\_\_\_\_

Case No. \_\_\_\_\_

**THE COURT FINDS AND ORDERS:**

This petition is

- 1. **GRANTED** because the court finds the requestor is currently indigent. The action may be commenced or defended without payment of filing fees, including the electronic filing fee. The sheriff shall serve all necessary documents without payment of service fees. The requestor may be required to pay these fees if the court later determines the requestor has the ability to pay.
- 2. **GRANTED** for waiver of \_\_\_\_\_. The requestor may be required to pay fees if the court later determines the requestor has the ability to pay.
- 3. **DENIED** because the court finds the requestor is not indigent, but is currently not able to pay filing or service fees. This action may be filed by the Clerk and all necessary documents may be served by the sheriff without prepayment of fees. Such fees must be paid no later than \_\_\_\_\_.
- 4. **DENIED** because the court finds
  - requestor is not indigent.  the allegation of poverty to be untrue.
  - requestor is a prisoner and is required to use form CV-438 or CV-440.
  - requestor has not stated a meritorious claim, defense, or appeal upon which the court may grant relief:  
[Brief explanation] \_\_\_\_\_

**BY THE COURT:**

\_\_\_\_\_  
Circuit Court Judge/Circuit Court Commissioner

\_\_\_\_\_  
Title (Print or Type Name if not eSigned)

\_\_\_\_\_  
Date

**DISTRIBUTION:**

- 1. Clerk of Circuit Court