

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