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| **This form is also available in Spanish and Hmong.** [**https://www.wicourts.gov/forms1/circuit/index.htm**](https://www.wicourts.gov/forms1/circuit/index.htm)  ***Este formulario está disponible en español y hmong.***  ***Daim ntawv no muaj txhais ua lus Spanish thiab lus Hmoob.*** | |  |
|  | |
| **STATE OF WISCONSIN, CIRCUIT COURT,** **COUNTY** | |
| -vs- | Amended  **Petition for Waiver of Fees and Costs**  **Affidavit of Indigency**  Case No. |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Under oath, I state:** | | | | | | | |
|  | | | | | | | |
| 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. | | | | | | | |
|  | | | | | | | |
| The documents I want to file are included with this Petition. | | | | | | | |
|  | | | | | | | |
| ***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 the following benefits and/or services: | | | | | | | |
| 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 the Public Defender’s Office, 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  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. |  | $ | | | $ | |
|  |  |  |  | | |  | |
| 10. | I have the following unusual expenses, other than ordinary living expenses: | | | | | | |
|  |  | | | | | | |
|  |  | | | | | | |
| State of  County of  Subscribed and sworn to before me on    Notary Public/Court Official    Name Printed or Typed  My commission/term expires:  This notarial act involved the use of communication technology. | | | | | I understand that if my financial situation changes, I must notify the court immediately.  ⯈  Signature    Print or Type Name    Date of Birth    Address    Email Address Telephone Number    Date State Bar No. (if any) | | |