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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 TypedMy 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) |