

STATE OF WISCONSIN

SUPREME COURT – COURT OF APPEALS, DISTRICT _____

Appellant or Petitioner:

-VS-

Respondent:

Petition for Waiver of Fees/Costs - Affidavit of Indigency

Case No. _____

UNDER OATH I STATE THAT because of poverty, I am unable to pay the costs of this action, proceeding, or appeal, or to give security for those costs, and request waiver of those costs. I am attaching and incorporating into this affidavit a brief statement of the nature of the appeal or petition and the relief requested.

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 Wis. Stats. §59.53(21), Medical assistance, Food stamps/Food share, 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, a public defender 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 below.

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 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: \$ _____

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File original with the Clerk of the Supreme Court – Court of Appeals.

Section 2 Continued:

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/Food share
 Pension Student loans/grants Unemployment compensation Supplemental security income
 Disability Relief funded under §59.53(21), Wisconsin Statutes Support/maintenance
 Other: _____

9. I do not receive income from any source because:

10. I have the following unusual debts or expenses, other than ordinary living expenses, on which I make monthly payments in the amount indicated: *This can include attorneys fees or cash bail, if applicable.*

Type:	Amount:	Monthly Payment:
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____

11. Anticipated transcript costs for this appeal (as represented to me by the court reporter): \$ _____

Note:

- You may attach a brief explanation of circumstances you feel the court should be made aware of in determining indigency.
- If you are a prisoner who is requesting permission to file an appeal or other proceeding in the supreme court or court of appeals without having to pay fees or costs, you are considered to have consented to the court ordering the prison to deduct the unpaid fees and costs from the prisoner's account if you lose the appeal or other proceeding. Wis. Stats. §814.29(3).

State of _____
 County of _____
 Subscribed and sworn to before me on _____

 Notary Public/Court Official

 Name Printed or Typed

My commission/term expires: _____

I understand that if my financial situation changes, I must notify the court immediately.

▶ _____
 Signature

 Print or Type Name

 Address

 Email Address

 Telephone Number

 Date