

This form is also available in Spanish and Hmong.  
<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

☐ Amended

-VS-

**Petition for Waiver of Fees and Costs  
Declaration of Indigency**

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

**I DECLARE 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.

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	<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	<input type="checkbox"/> Yes	<input type="checkbox"/> 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.**

**I declare under the criminal penalty of false swearing that the information I have provided is true and accurate.**



\_\_\_\_\_  
Signature

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

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

\_\_\_\_\_  
Address

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Date

\_\_\_\_\_  
State Bar No. (if any)