

Appellant or Petitioner:

\_\_\_\_\_

-VS-

Respondent:

\_\_\_\_\_

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

**Petition for Waiver  
of Fees/Costs -  
Affidavit of Indigency**

**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.

**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/Medicaid
  - 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, 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 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: \_\_\_\_\_ \$ \_\_\_\_\_

**Continued on Page 2**

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 debts:	Amount:	Monthly Payment:
a. Mortgage/Rent	\$ _____	\$ _____
b. Auto loan	\$ _____	\$ _____
c. Credit cards	\$ _____	\$ _____
d. Other: _____	\$ _____	\$ _____
e. _____	\$ _____	\$ _____

11. I have the following expenses, other than ordinary living expenses:  
 \_\_\_\_\_  
 \_\_\_\_\_

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

13. You may attach a brief explanation of circumstances you feel the court should be made aware of in determining indigency.

**Note: If you an incarcerated person, please complete form AP-011 instead of this form.**

**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

\_\_\_\_\_  
 Address

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

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

\*\*File this form with the Clerk of the Supreme Court and Court of Appeals, 110 E. Main St., Suite 215, Madison, WI 53703