

Amended

-vs-

**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. I am attaching a copy of my pleading in this matter.

**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
- |                                     |   |  |   |
|-------------------------------------|---|--|---|
| <input type="checkbox"/> Wages      | <input type="checkbox"/> Social security                                    | <input type="checkbox"/> Relief funded under public assistance | <input type="checkbox"/> Food stamps/FoodShare        |
| <input type="checkbox"/> Pension    | <input type="checkbox"/> Student loans/grants                               | <input type="checkbox"/> Unemployment compensation             | <input type="checkbox"/> Supplemental security income |
| <input type="checkbox"/> Disability | <input type="checkbox"/> Relief funded under §59.53(21), Wisconsin Statutes |  | <input type="checkbox"/> Support/maintenance          |
| <input type="checkbox"/> 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, or that of my client, 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)