

Amended *Kho ntxiv*

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

***Ua Ntawv Thov kom Txhob Yuav Nqi Tes
thiab Nqi Ntawv***

Qhia Hais Tias Txom Nyem

Case No. _____
Tus Lej Cim

-vs- -xub nrog-

This form does not replace the need for an interpreter, any colloquies mandated by law, or the responsibility of the court and counsel to ensure that persons with limited English proficiency fully comprehend their rights and obligations. This form must be completed in the English language.

Daim foos no tsis hloov qhov xav tau ib tus neeg txhais lus, muaj kev sib tham txog dab tsi raws li txoj cai, los sis lub luag hauj lwm ntawm lub tsev hais plaub thiab tus kws lij choj kom ntseeg tau tias cov neeg uas tsis txawj lus Meskas zoo muaj kev nkag siab txog nws cov cai thiab nws cov hauj lwm yuav tau ua ntawd. Daim foos no yuavtsum ua kom tiav siv hom lus Askiv.

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

KUV QHIA HAIS TIAS vim txoj kev txom nyem, kuv them tsis taus nqi ntawv thiab nqi tes, nrog rau tus nqi them ua ntawv hauv tshuab hluav taws xob, lossis ntawm rooj plaub no, cov txheej txheem no, lossis kev tawm tsam no, lossis muaj khoom txhiv cov nqi no, thiab thov kom muab cov nqi no tshem. Kuv npaj tau ib daim ntawv thov rau cov teeb meem nov.

The documents I want to file are included with this Petition.
Cov ntaub ntawv kuv xav ua muab tom ua ken rog daim ntawv Thov no.

Complete Section 1 if you receive aid from any of the programs listed.

If you do not receive aid, complete Section 2 only.

Khij Kom Tag Rho Theem 1 yog hais tias koj tau txais kev pab los ntawm cov kev pab nram qab no.

Yog hais tias tsis tau txais kev pab, khij theem 2 kom meej xwb.

Section 1 Theem 1.

I currently receive

Kuv tseem tau txais

Supplemental security income.

Nyaj Laus/SSI.

Relief funded under §59.53(21), Wis. Stats.

Nyaj pab cawm hauv tsab cai §59.53(21), Wis. Stats.

Medical assistance

Ntawv kho mob.

Food stamps/FoodShare.

Nyaj Muas Noj

Relief funded under public assistance.

Nyaj pab cawm ntawm tsoom fww

Benefits for veterans under §45.40 (1m) or 38 USC 501-562.

Kev pab vim yog qub tub nrog hauv tsab cai §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.

Tus neeg sawy cev kev cai lij choj los ntawm lub chaw haujlwm Public Defender's Office, txheej xwm kev pab hais plaub rau pej xeem lossis kws lij choj pab daub raws tus neeg txom nyem.

Name of program: _____

Npem Ntawm Faim Kev Pab:

Other means-tested public assistance: _____

Lwm txoj kev pab

My financial situation has has not changed since I became eligible for this program.

Kuv txoj kev muaj nyiaj txiag tau tsis tau hloov txij kuv tau txais kev pab zaum no.

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.

Yog hais tias koj khij lub npov "tau" lawm, thiab qhov kev khij ntawv yuav ua rau koj tsis tsim nyog tau txais kev pab yog hais tias koj thov tuaj hnub no, koj yuav tsum khij theem 2 kom meej.

Section 2 Theem 2.

- 1. I am am not married.
Kuv tau tsis tau sib yauv
2. I am am not employed. Name of employer: _____
Kuv tau tsis tau ua haujlwm. Qhov chaw haujlwm lub npe:
3. I earn [Gross pay] \$ _____ weekly every 2 weeks twice monthly monthly
Kuv khwv tau [ua ntej txiav se] lim tiam 2 lub lim tiam 2 zaug ntawm ib hlis Txhua hli
My take-home pay [after taxes and deductions] is \$ _____ per pay period.
Kuv nqa los tsev [tom qab txiav se thiab nrho lwm yam] yog \$ ib zaug twg.
4. I receive gross monthly income totaling the amount of \$ _____ from
Kuv tau txais ua ntej txiav se txhua hli yog \$ los ntawm
 Pension Social security Unemployment compensation
Nyiaj Tso Rau Yav Laus Nyiaj Laus Nyiaj Poob Haujlwm
 Disability Student loans/grants Other: _____
Nyiaj Muaj Mob Nyiaj Nqiv Los Kamw Ntawv Lwm yam:
5. I have the following cash assets:
Kuv muaj nyiaj ntsuab raws li nram qab no:
 Savings accounts: \$ _____ Cash: \$ _____
Nyiaj Tso Tom Tuam Txhab (Savings) Nyiaj Ntsuab:
 Checking accounts: \$ _____ Money owed me: \$ _____
Nyiaj Tso Tom Tuam Txhab (Checking) Nyiaj Lawv Tseem Tiv Kuv:
6. I have the following other assets:
Kuv muaj lwm yam khoom vaj khoom tsev:
 Vehicle-Yr./Make: _____ \$ _____ Household furnishings: \$ _____
Tsheb-Xyoo/Hom: Rooj Tog:
 Vehicle-Yr./Make: _____ \$ _____ Equity in real estate: \$ _____
Tsheb-Xyoo/Hom: Paj Nce Ntawm Koj Lub Tsev:
 Other individual assets valued over \$200 each: _____ \$ _____
Lwm yam khoom muaj nqis tshaj li \$200:
7. My household consists of myself and _____ others:
Cov neeg hauv kuv tsev muaj kuv thiab leej tib neeg:
Full name: _____ Relationship to me: _____ Under age 18 Yes No
Lub Npe: Txheeb Kuv Li Cas Tsis Tau Nto 18 xyoo Yog TsisYog
Full name: _____ Relationship to me: _____ Under age 18 Yes No
Lub Npe: Txheeb Kuv Li Cas Tsis Tau Nto 18 xyoo Yog TsisYog
Full name: _____ Relationship to me: _____ Under age 18 Yes No
Lub Npe: Txheeb Kuv Li Cas Tsis Tau Nto 18 xyoo Yog TsisYog
Full name: _____ Relationship to me: _____ Under age 18 Yes No
Lub Npe: Txheeb Kuv Li Cas Tsis Tau Nto 18 xyoo Yog TsisYog
Full name: _____ Relationship to me: _____ Under age 18 Yes No
Lub Npe: Txheeb Kuv Li Cas Tsis Tau Nto 18 xyoo Yog TsisYog
8. The other members of my household have gross monthly income totaling the amount of \$ _____ from
Cov neeg nrog kuv nyob hauv tsev tau nyiaj txhua hli tag nrho yog \$ los ntawm
 Wages Social security Relief funded under public assistance Food stamps/FoodShare
Haujlwm Nyiaj Laus Nyiaj Pab Dawv los ntawm tsoom fwm Nyiaj muas noj
 Pension Student loans/grants Unemployment compensation Supplemental security income

Nyiaj Tso Rau Yav Laus SNqi nqiv kawm ntawv

Nyiaj poob haujlwm

Nyiaj Laus (SSI)

Disability Relief funded under §59.53(21), Wisconsin Statutes

Support/maintenance

Nyiaj Xiam Nyiaj Pab Daws Kev txom Nyem hauv tsab cai §59.53(21), xeev Wisconsin Cov Cai

Nyiaj pab yug menyuum/poj niam/txiv

Other: _____

Lwm yam:

9. I have the following debts: Amount: Monthly Payment:
- Kuv muaj cov nqi hauv qab no: Npaum Cas: Them Ib Hlis:*
- a. Mortgage/Rent \$ _____ _____
Nqi Tsev Yuav/Xaub
 - b. Auto loan \$ _____ _____
Nqi Tsheb
 - c. Credit cards \$ _____ _____
Nqi Credit Cards
 - d. Other: _____ \$ _____ _____

Lwm Yam:

10. I have the following unusual expenses, other than ordinary living expenses:
Kuv muaj lwm yam nqi txawv tshaj li ntawm cov nqi, uas niaj hnuv siv:
- _____
- _____

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

Kuv to taub hais tias yog kuv cov nyiaj txiag hloov lawm, kuv yuav tsum ceeb toom rau tsev hais plaub tam sid.

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

Kuv cog lus raws li txoj kev txhaum cai muab lus tsis tseeb hais tias kuv yeej muab cov lus tseeb thiab qhov yog los teb.

▶ _____
Signature
Kos Npe

Name Printed or Typed
Npe Sau los yog Ntau

Address
Chaw Nyob

_____ Email Address	_____ Telephone Number
_____ Email Address	_____ Xov Too

_____ Date	_____ State Bar No. (if any)
_____ Hnuv	_____ State Bar No. (yog muaj)