

-vs-

**Prisoner's Petition for Waiver
of Prepayment of Fees/Costs
Based on Imminent Danger –
Declaration of Indigency**

Case No. _____

(The prisoner must provide the following to the Clerk of Court at the time of filing:

- *The original and one copy of this declaration and attachments.*
- *Sufficient copies of the pleadings for potential service on all named defendants.)*

I DECLARE THAT:

1. I am unable to pay the costs of this action, special proceeding or appeal or to give security for those costs, and request waiver of those costs because of poverty.
2. I am in imminent danger of serious physical harm. Attached is a statement, under oath, detailing the facts concerning the immediacy of the danger and the type of physical harm claimed. *(Be specific as to dates, times, places, participants, verbal or other claims made, what the danger is, and why information should be believed.)*
3. I have attached and incorporated into this declaration:
 - A copy of my pleading(s) in this matter.
 - [If this proceeding is related to prison or jail conditions]: Written documentation of exhaustion of all available administrative remedies concerning the subject of these pleadings, including copies of all written materials:
 - I provided to the administrative agency as part of the administrative proceeding;
 - the administrative agency provided to me related to the administrative proceeding; and,
 - included as part of any administrative appeal.
 - My authorization to the agency having custody of my prison trust fund account (on DOC form 1930 provided by the Wisconsin Department of Corrections), to forward payments from my account to the clerk of court each time the amount in the account exceeds \$10, until the costs and fees are paid in full.
4. I have have not committed an offense on or after September 1, 1998.
(An offense is defined in §165.83(1)(c), Wisconsin Statutes, as an act which is a felony, misdemeanor, or violation of a city, county, village, or town ordinance.)
5. I am am not employed. Name of employer: _____
6. I earn \$ _____ gross weekly. every two weeks. twice monthly. monthly.
7. I have received or been entitled to receive money from the following sources within the past 12 months (list total amount received):
 pension, annuities or life insurance payments: \$ _____
 disability or worker's compensation payments: \$ _____
 gifts, loans or inheritances: \$ _____
 rent payments, interest or dividends: \$ _____
 business, profession or self employment: \$ _____
 other: \$ _____
8. I have the following cash assets:
 savings accounts: \$ _____
 checking accounts: \$ _____
 cash: \$ _____
 money owed me: \$ _____
 any other cash assets: \$ _____

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9. I have the following other assets (list value):

<input type="checkbox"/> real estate:	\$ _____
<input type="checkbox"/> stocks, bonds, securities and financial instruments:	\$ _____
<input type="checkbox"/> automobiles:	\$ _____
<input type="checkbox"/> computers, audio-visual equipment, other personal property:	\$ _____
<input type="checkbox"/> jewelry, antiques, objects of art or other valuable property: ...	\$ _____

10. I have not transferred any funds or other assets in the past 12 months except as follows (describe any transfers):

11. I have not assigned my rights to any funds or other assets since first incarcerated except as follows (describe any assignments):

12. I have the following legal obligations:

Obligation	Amount Actually Paid Per Month	Amount Actually Paid in Last Six Months
<input type="checkbox"/> Child Support	\$ _____	\$ _____
<input type="checkbox"/> Restitution	\$ _____	\$ _____
<input type="checkbox"/> Fines/Costs	\$ _____	\$ _____
<input type="checkbox"/> Other:	\$ _____	\$ _____

13. My spouse is is not employed. Name of employer: _____

14. My spouse earns \$ _____ gross weekly. every two weeks. twice monthly. monthly.

15. My spouse receives monthly income totaling the amount of \$ _____ from:

<input type="checkbox"/> Pension	<input type="checkbox"/> Social Security	<input type="checkbox"/> Unemployment compensation
<input type="checkbox"/> Disability	<input type="checkbox"/> Student loans/grants	<input type="checkbox"/> Other: _____

16. I have the following miscellaneous 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 _____

Name Printed or Typed _____

Address _____

Email Address _____

Telephone Number _____

Date _____

State Bar No. (if any) _____