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P.O. Box 351
Waupun, WI 53963-0351

John VanderLeest
Clerk of Circuit Court
Brown County Courthouse
P.O. Box 23600
Green Bay, WI 54305-3600

The court has entered the following order:

District: 3

Appeal No. 2020AP001516 CR

State v. John A. Casteel

December 18, 2020

Circuit Court Case No. 1985CF001026

A petition for waiver of fees has been filed in the above matter. The petition establishes indigency for purposes of prosecuting this action.

IT IS ORDERED that the court grants permission to proceed without payment of the filing fee. This order waives only the filing fees in the Supreme Court. It is not a determination of indigency for any other purpose. Indigency may be reevaluated if a request is received for waiver of other fees based on indigency.

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The court has entered the following order:

District: 3

Appeal No. 2020AP001515 CR

State v. John A. Casteel

December 18, 2020

Circuit Court Case No. 1985CF000780

A petition for waiver of fees has been filed in the above matter. The petition establishes indigency for purposes of prosecuting this action.

IT IS ORDERED that the court grants permission to proceed without payment of the filing fee. This order waives only the filing fees in the Supreme Court. It is not a determination of indigency for any other purpose. Indigency may be reevaluated if a request is received for waiver of other fees based on indigency.

Sheila T. Reiff
Clerk of Supreme Court

INCARCERATED PERSON INDIGENCY DETERMINATION

Appeal No.: 20AP1515CR + 1916CRPetitioner: John Castel

- ☐ Trust account information is not provided for eligible prisoner matter; DISMISS CASE:
- * Add the prisoner's institution and DOJ, Civil Litigation Unit to Other Interested Parties (OIP) from the Parties tab.
 - * Enter activity code INP.
 - * Complete INF/IND activity.
 - * CA: Enter DEC-ORD with disposition code of TDIS in CA; Focus on DEC, select form AP-1024
 - * SC: Use Setdis Order in Act 133 Folder, Shr_Clk Dir. Dismiss PRE- submit to 9990, enter M w/ comment "request to waive denied, PRE dismissed w/o prejudice" Dispose of Indigency-enter O w/ comment ORD TDISM. Set remittitur for 30 days, retain copies PRE/responses.
- ☐ Authorization to withdraw funds not provided; enter CTA. Focus on activity, Print-Select AP-1034; send Authorization.
- ☐ Waiver of prepayment of filing fee is granted:
- * Add the prisoner's institution and DOJ, Civil Litigation Unit to OIP from the Parties tab, if not already there.
 - * Enter activity code INP.
 - * Complete INF/IND activity. Focus on activity, Print-Select AP-1028 (freezes acct.)
 - * Create an invoice for the filing fee. Add the prisoner as the Responsible Party. Add the institution as an Other Interested Party. Create follow-up for 60 days.
 - * Asst. Deputy Clerk-Accounting monitors payments. This Asst. will unfreeze accts & remove after receipt of all payments.
- ☐ Filing fee waiver conditionally granted; inmate must make a partial payment equal to the amount in his/her prison accts. with the remainder to be sent by the institution:
- * Add the prisoner's institution and DOJ, Civil Litigation Unit to OIP from the Parties tab.
 - * Enter activity code INP with \$ _____, which is the initial amount due, on the comment line.
 - * Complete INF/IND activity. Focus on the activity, Print-Select AP-1026 (freezes acct.)
 - * Create an invoice for the \$195.00 filing fee with \$ _____ due within 30 days. Add the prisoner as the Responsible Party & Inst. as OIP.
 - * Upon receipt of the partial payment, the Asst. Deputy Clerk-Accounting will issue a letter to the custodian, Custltr.doc, providing the remaining amount due and add CUS activity code.
 - * Asst. Deputy Clerk-Accounting monitors payments. This Asst. will unfreeze & remove inst. after receipt of all payments.
 - * If the partial filing fee is not paid, the Asst. Deputy Clerk-Accounting refers the matter to the appropriate Deputy Clerk.
 - * Submit to staff attorney for a determination on dismissal of the case. If the case is dismissed due to failure to pay the partial fee, enter dismissal as a DEC-ORD with a disposition code of DDIS. Focus on DEC, Print-Select AP-1032. For SC-submit to commissioner.
- ☐ Filing fee waiver conditionally granted. (has sufficient funds in release account/trust account) Prisoner is not indigent for filing fee:
- * Add the prisoner's institution and DOJ, Civil Litigation Unit to OIP from the Parties tab.
 - * Enter INP activity code.
 - * Complete INF/IND activity. Focus on the activity, Print-Select AP-1029.
 - * Create an invoice for the filing fee with a due date of 30 days. Add prisoner as Responsible Party and Institution as OIP.
 - * If the filing fee is not paid, the Asst. Deputy Clerk-Accounting refers the matter to the appropriate Deputy Clerk.
 - * Refer matter to a staff atty/commissioner for failure to pay the filing fee. The staff atty/commissioner will issue an order or direct us to.
- ☐ IMMINENT DANGER:
- * If a prisoner claims to be in imminent danger, send them a pink petition for waiver of fees/costs.
 - * Add the prisoner's institution and DOJ, Civil Litigation Unit to OIP from the Parties tab.
 - * Upon filing of the petition, submit it to the Chief Deputy Clerk for indigency determination.
 - * Submit petition, w/ indigency determination, to staff attorney w/ a request they inform us how to handle the fee situation — the fee is not waived, but a prisoner in imminent danger does not have to prepay the filing fee or provide trust account stmts. Add prisoner to Responsible Party and Institution as OIP if an invoice is ultimately created.
- ☐ Filing fee waiver denied. Prisoner is not indigent. Has sufficient funds in regular account. Add inst. and DOJ to OIP from Parties tab. Add INP. Complete INF/IND activity. Create invoice for full filing fee payable in 30 days – add Prisoner as Resp. Party & Inst as OIP. Issue AP-1030. If fee is not paid, dismiss.
- ☐ Payment or Waiver request not received:
- * CA –Enter DEC-ORD with dispositional code of DELQ in CA. Use CA Delinquency dismissal order in Act 133 folder, Shr_Clk Dir
 - * SC –Use SCDismissnonpymt Order in Act 133 Folder, Shr_Clk.Dir. Dismiss PRE by submit to 9990, enter M w/ comment "PRE dismissed w/o prejudice, failure file pymt of waiver." Dispose of indigency w/ comment ORD DDISM. Set remittitur for 30 days, retain copies of PRE/responses. (Writ: enter DEC-ORD WDIS).
- ☐ REINSTATEMENT: where petition and/or motion filed after case closed or PRE dismissed:
- * CA – submit to staff attorney.
 - * SC – use Order (SCRein-Trust, SCRein-Pymt or SCRein Trust & Pymt) in Act 133 Folder on Shr_Clk.Dir. Enter another PRE as of date of reinstatement.
- ☒ **NOT A PRISONER UNDER 1997 WIS. ACT 133**--Eligible for total fee waiver, issue form order 3055.
- ☐ **NOT A PRISONER UNDER 1997 WIS. ACT 133**—NOT INDIGENT, issue form CA-3040a; SC-3040b on Shr_Clk Dir. Create an invoice for the filing fee with a 30-day RSP.

STATE OF WISCONSIN

SUPREME COURT - COURT OF APPEALS, DISTRICT

For Official Use

Appellant or Petitioner: Please print or type.

FILED

DEC 18 2020

Supreme
CLERK OF COURT OF APPEALS
OF WISCONSINPrisoner's Petition for
Waiver of Fees/Costs -
Affidavit of Indigency

Respondent:

Case No.

20 AP 1515 CR
20 AP 1516 CR

Under oath I state that:

- I am unable to prepay the costs of this action, special proceeding or appeal or to give security for those costs, and request waiver of those costs as permitted by law because of poverty. I am attaching and incorporating into this affidavit a brief statement of the nature of the appeal or petition and the relief requested.
- I have not had three or more appeals, writs of error, actions or special proceedings dismissed by a state or federal court for any of the reasons listed in Wis. Stats. §802.05(3)(b)1-4.

Complete all sections. Failure to properly complete this petition/affidavit may result in the denial of the petition for waiver.

Section 1.

☐ I currently receive:

- ☐ Supplemental security income ☐ Relief funded under Wis. Stats. §59.53(21) ☐ Medical assistance
- ☐ Food stamps ☐ Relief funded under public assistance
- ☐ Benefits for veterans under §45.351(1) 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.

Section 2.

1. I ☐ am ☒ am not married.
2. I ☐ am ☒ am not employed. Name of employer: N/A
3. I earn \$ 0 gross ☐ weekly. ☐ every 2 weeks. ☐ twice monthly. ☐ monthly.
4. I have received or been entitled to receive money from the following sources within the past 12 months (list total amount):
- | | | |
|---|----|----------|
| ☐ pension, annuities, or life insurance payments: | \$ | <u>1</u> |
| ☒ disability or worker's compensation payments: | \$ | <u>1</u> |
| ☐ gifts, loans or inheritances: | \$ | |
| ☐ rent payments, interest or dividends: | \$ | |
| ☐ business, professional or self-employment: | \$ | |
| ☐ other: | \$ | |
5. I have the following cash assets:
- | | | | | |
|---|----|----------|---|----|
| ☐ savings accounts: | \$ | <u>0</u> | \$ | |
| ☐ checking accounts: | \$ | <u>0</u> | ☐ money owed me: | \$ |
| ☐ cash: | \$ | <u>0</u> | ☐ other cash assets: | \$ |
6. I have the following other assets (list value):
- | | | |
|--|----|------------|
| ☐ real estate: | \$ | <u>N/A</u> |
| ☐ stocks, bonds, securities and financial instruments: | \$ | |
| ☐ automobiles: | \$ | <u>N/A</u> |
| ☐ computers, audio-visual equipment, other personal property: | \$ | |
| ☐ jewelry, antiques, objects of art or other valuable property: | \$ | |
| ☐ other: | \$ | |

File original with the Clerk of the Supreme Court – Court of Appeals.

Continued on Page 2

Prisoner's Petition for Waiver of Fees/Costs- Affidavit of Indigency

Page 2 of 2

Case No. _____

Section 2 Continued:

7. I have the following legal obligations:

Obligation	Amount Actually Paid per Month	Amount Actually Paid in Last 6 Months
☐ Child Support	\$	\$
☐ Restitution	\$	\$
☐ Fines/Costs	\$	\$
☐ Other:	\$	\$

8. My spouse ☐ is ☐ is not employed. Name of employer: _____9. My spouse earns \$ _____ gross ☐ weekly. ☐ every 2 weeks. ☐ twice monthly. ☐ monthly.

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

☐ pension ☐ social security ☐ unemployment compensation
☐ disability ☐ student loans/grants ☐ other: _____

11. My spouse's 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

12. I have the following miscellaneous expenses:

\$ _____
\$ _____

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

Section 3

1. I ☐ am ☒ am not a person committed under chapter 980 (sexually violent person).
2. I ☐ am ☒ am not a person seeking relief from a judgment or order terminating my parental rights.
3. I ☒ am ☐ am not a person seeking relief from a judgment of conviction or sentence of a court, whether in a direct appeal or by collateral attack.
4. I ☐ am ☒ am not a person seeking appellate review under Rule 809.50 of an order or judgment not appealable as of right in a proceeding under chapter 980 or a case specified under Rules 809.30 or 809.40.
5. I ☐ am ☒ am not a person who is not serving a sentence for the conviction of a crime but who is detained, admitted or committed under chapter 51 or 55 or section 971.14(2) or (5).

Section 4

- I have checked "am not" to ALL of the statements in Section 3. As required by law, I have attached a **certified copy of my prison trust fund account statement** for the last 6 months.
- I have also attached a copy of my authorization to the agency having custody of my prison trust fund account 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.

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

Subscribed and ~~sworn~~ ^{affirmed} before me
on December 14, 2020

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

Notary Public/State of Wisconsin

My commission expires: 11-27-22

Affiant

Date