

STATE OF WISCONSIN

SUPREME COURT - COURT OF APPEALS, DISTRICT 3Appellant or Petitioner: K. M. SWisconsin/Marathon County
Child Support andPetition for Waiver
of Fees/Costs --vs- Heather Gustafson Affidavit of Indigency

Respondent:

Steven E. SchultzCase No. 2019 AP739

FILED

FEB 10 2021

Supreme Court

CLERK OF THE SUPREME COURT OF WISCONSIN

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. I am attaching and incorporating into this affidavit a brief statement of the nature of the appeal or petition and the relief requested.

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
 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, and such changes would make you ineligible for the program(s) if you applied today, you must complete Section 2 below.

Section 2.1. I am am not married.2. I am am not employed. Name of employer: _____3. I earn [gross pay] \$ 0 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 \$ 0 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

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

Section 2 Continued:

7. My household consists of myself and 5 others:

Full name: <u>Nicole Schultz</u>	Relationship to me: <u>Wife</u>	Under age 18 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Full name: <u>Steven Schultz</u>	Relationship to me: <u>Son</u>	Under age 18 <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Full name: <u>Taylor Schultz</u>	Relationship to me: <u>Son</u>	Under age 18 <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Full name: <u>Adrianna Schultz</u>	Relationship to me: <u>Daughter</u>	Under age 18 <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Full name: <u>Makayla Schultz</u>	Relationship to me: <u>Daughter</u>	Under age 18 <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

8. The other members of my household have gross monthly income totaling the amount of \$ 400 from:

<input checked="" type="checkbox"/> Wages	<input type="checkbox"/> Social security	<input type="checkbox"/> Relief funded under public assistance	<input type="checkbox"/> Food stamps/Food share
<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 do not receive income from any source because:
I have been disabled since 2013, and have not worked or get SSI

10. I have the following unusual debts or expenses, other than ordinary living expenses, on which I make monthly payments in the amount indicated: *This can include attorneys fees or cash bail, if applicable.*

Type:	Amount:	Monthly Payment:
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____

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

Note:

- You may attach a brief explanation of circumstances you feel the court should be made aware of in determining indigency.
- If you are a prisoner who is requesting permission to file an appeal or other proceeding in the supreme court or court of appeals without having to pay fees or costs, you are considered to have consented to the court ordering the prison to deduct the unpaid fees and costs from the prisoner's account if you lose the appeal or other proceeding. Wis. Stats. §814.29(3).

State of Flor. id.
 County of Brevard
 Subscribed and sworn to before me on 2/8/21
28/2021
 Notary Public/Court Official
11/11/2021
 Name Printed or Typed Nigel Golda

My commission/term expires: 1/10/25



Nigel Golda
 Notary Public, State of Florida
 My Commission Expires 01/10/2025
 Commission No. HH 75904

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

Signature

Steven E. Schultz
 Print or Type Name Sebastian, FL
1056 Wren Circle
 Address 9nKStfam@yahoo.com
 Email Address 772-453-7260 Date 2-8-2021
 Telephone Number