

STATE OF WISCONSIN

SUPREME COURT – COURT OF APPEALS, DISTRICT 3

Appellant or Petitioner:

K.M.S
Wisconsin/Marathon County
Child Support andPetition for Waiver
of Fees/Costs -
Affidavit of Indigency

-vs-

Heather Gustafson

Respondent:

Steven E. SchultzCase No. 2019 AP739

FILED

FEB 10 2021

Supreme Court
CLERK OF 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.

- I ☒ am ☐ am not married.
- I ☐ am ☒ am not employed. Name of employer: _____
- I earn [gross pay] \$ 0 ☐ weekly. ☐ every 2 weeks. ☐ twice monthly. ☐ monthly.
My take-home pay [after taxes and deductions] is \$ _____ per pay period.
- I receive monthly income totaling the amount of \$ 0 from:
☐ Pension ☐ Social security ☐ Unemployment compensation
☐ Disability ☐ Student loans/grants ☐ Other: _____
- I have the following cash assets:
☐ Savings accounts: \$ _____ ☐ Cash: \$ _____
☐ Checking accounts: \$ _____ ☐ Money owed me: \$ _____
- 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>Maxenzy 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 Florida
 County of Broward
 Subscribed and sworn to before me on 2/8/21
[Signature]
 Notary Public/Court Official
Nigel G. Gilda
 Name Printed or Typed
 My commission/term expires: 1/10/25



Nigel G. Gilda
 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]
 Signature
Steven E. Schultz
 Print or Type Name
1056 Wren Circle
 Address
SnkStfam@yahoo.com
 Email Address
772-453-7260
 Telephone Number
2-8-2021
 Date