

Name of Petitioner: Linda Yi Tai Shao

Appeal/Petition Number: 20AP2062-0A

**Fee Waiver Determination**

Section 1: If appellant/petitioner is the recipient of means tested public assistance including: aid to families with dependent children, relief funded under public assistance, relief funded under Wis. Stats. §59.53(21), medical assistance, supplemental security income, food stamps or benefits received by veterans under §45.351(1) or under 38 USC 501 to 562 or represented by an attorney through a legal services program for indigent persons; including those funded by the federal legal services corporation, fee waiver is automatic pursuant to §814.29(1)(d) 1 & 2. Issue Appropriate waiver order.

If appellant/petitioner does not meet the above criteria, compute fee waiver eligibility from information provided on the Petition for Waiver of Fee/Costs, Affidavit of Indigency:

1. Liquid Assets (Total of section 2.5)	1.	
2. Non-Liquid Assets (25% of total of section 2.6)	2.	
3. Total Assets (Add lines 1 & 2)	3.	
4. Net Monthly Income (Total of sections 2.3, 2.4 and 2.8) (Do not include prison wages)	4.	
5. Monthly Allowable Living Expenses (Current Federal Poverty Guidelines; Deemed to be -0- for prisoners)	5.	
6. MONTHLY SPENDABLE INCOME (Subtract 5 from 4)	6.	
7. TOTAL OF LINES 3 AND 6 Total Assets and Spendable Monthly Income.	7.	
8. Total Unusual Debts/Expenses (Section 2.10)	8.	
9. Filing Fee (See Wis. Stats. §809.25.)	9.	
10. Anticipated Costs of Transcript (Section 2.11)	10.	
11. Other Anticipated Appeal/Petition Costs (Include an estimated costs for briefs.)	11.	
12. TOTAL OF LINES 9 THROUGH 11	12.	
Computation for Fee Waiver Determination	A. Enter amount from line 7	A.
	B. Enter amount from line 8	B.
	C. Subtract line 8 from line 7	C.
	D. Enter amount from line 12	D.

1. Fee should be waived if line C is 0% to 100% of line D.
2. Filing fee should be paid if line C is 100% to 150% of line D. Whether costs can be assessed against appellant/petitioner cannot be determined until merits of appeal are resolved and statement of respondent's costs are filed.
3. Filing fee should not be waived if line C is 150% of line D.
4. Dismiss case. Enter ORD dismissal with dispositional code of DELQ in CA. Use CA Delinquency Dismissal in Shr\_Clk.

*Per CTO of*  
*12/15/20, payment*  
*was due*  
*on or before 12/25/20*

See reverse side for Federal Poverty Income Guidelines

## 2020 Federal Poverty Guidelines Chart (Effective Jan. 15, 2020)

# of Persons in Household    2020 Federal Poverty Level for the 48 Contiguous States  
(Monthly Income)

	<u>100%</u>	<u>133%</u>	<u>138%</u>	<u>150%</u>	<u>200%</u>
1	\$1,063	\$1,414	\$1,467	\$1,595	\$2,127
2	\$1,437	\$1,911	\$1,983	\$2,155	\$2,873
3	\$1,810	\$2,407	\$2,498	\$2,715	\$3,620
4	\$2,183	\$2,904	\$3,013	\$3,275	\$4,367
5	\$2,557	\$3,400	\$3,528	\$3,835	\$5,113
6	\$2,930	\$3,897	\$4,043	\$4,395	\$5,860
7	\$3,303	\$4,393	\$4,559	\$4,955	\$6,607
8	\$3,677	\$4,890	\$5,074	\$5,515	\$7,353

Add \$373 for each person in household over 8 persons

<https://www.medicaidplanningassistance.org/federal-poverty-guidelines/>