

STATE OF WISCONSIN

SUPREME COURT – COURT OF APPEALS, DISTRICT III/II

For Official Use

Appellant or Petitioner: *Please print or type.*

MICHAEL VAN CASTER

-VS-

Respondent:

STATE OF WISCONSIN

Prisoner's Petition for
Waiver of Fees/Costs -
Affidavit of Indigency;
Allegation of Imminent Danger

2016 AP1482 CRNM
Case No. 2016AP1483 CRNM

FILED

FEB 26 2018

CLERK OF SUPREME COURT
OF WISCONSIN

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 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 injury claimed. *(Be specific as to dates, times, places, participants, verbal or other claims made, what the danger is, and why the information should be believed.)*

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.

- I am am not married.
- I am am not employed. Name of employer: _____
- I earn \$ 7,222 gross weekly. every 2 weeks. twice monthly. monthly.
- 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: \$ _____
 - disability or worker's compensation payments: \$ _____
 - gifts, loans or inheritances: \$ _____
 - rent payments, interest or dividends: \$ _____
 - business, professional or self-employment: \$ _____
 - other: \$ _____
- I have the following cash assets:

<input type="checkbox"/> savings accounts: \$ _____	<input type="checkbox"/> money owed me: \$ _____
<input type="checkbox"/> checking accounts: \$ _____	<input type="checkbox"/> other cash assets: \$ _____
<input type="checkbox"/> cash: \$ _____	
- I have the following other assets (list value):
 - real estate: \$ _____
 - stocks, bonds, securities and financial instruments: \$ _____
 - automobiles: \$ _____
 - 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; Allegation of Imminent Danger

Page 2 of 2

Case No.

2016AP1482CRNM
2016AP1483CRNM

Section 2 Continued:

7. I have the following legal obligations:

Obligation	Amount Actually Paid per Month	Amount Actually Paid in Last 6 Months
<input type="checkbox"/> Child Support	\$	\$
<input checked="" type="checkbox"/> Restitution	\$ 3,802.37	\$
<input type="checkbox"/> Fines/Costs	\$	\$
<input type="checkbox"/> 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

- I am am not a person committed under chapter 980 (sexually violent person).
- I am am not a person seeking relief from a judgment or order terminating my parental rights.
- 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.
- 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.
- 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 attached a copy of my authorization to the agency having custody of my prison trust fund account to forward payments from by 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 to before me on _____

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

Notary Public/State of Wisconsin

My commission expires: _____

Affiant

Date

STATE OF WISCONSIN

SUPREME COURT – COURT OF APPEALS, DISTRICT _____

For Official Use

Authorization to Withhold Money
From Trust Fund Accounts

FILED

FEB 26 2018

CLERK OF SUPREME COURT
OF WISCONSIN

I, MICHAEL VANCASTER 246966

(Print appellant's or petitioner's name and I.D. number, e.g. DOC. No.)

wish to pursue an action in the:

- Wisconsin Court of Appeals
- Wisconsin Supreme Court

described as follows:

Appeal number, if known: 2016AP1482CRNM, 2016AP1483CRNM

Name(s) or respondent(s): STATE OF WISCONSIN

Pursuant to Wis. Stats. §814.29(1m)(c)2, I authorize 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.

Michael VanCaster

Signature of Appellant or Petitioner

1-24-18

Date

A copy of this form must accompany Supreme Court – Court of Appeals form number AP-011 or AP-012, Prisoner's Petition for Waiver of Fees/Affidavit of Indigency. Please file the original of this form with the institution custodian.

Custodian:

Give inmate a copy after he or she signs it.

WI DOC
REPORT NO. IBSR903 - 92

Trust Account Statement

PAGE: 1 of 2
PROCESSED: 01/30/2018 09:00

Fox Lake Correctional Institution
From 08/01/2017 through 01/30/2018

FILED

FEB 26 2018

**CLERK OF SUPREME COURT
OF WISCONSIN**

DOC #: 246966
Name: VANCASTER, MICHAEL J
DOB: 01/30/1965
Location: 6C/6D_696/_B

**NOT FOR LEGAL
WORK**

Account Balances:

Account Type	Start Balance	End Balance	Hold Balance
REG	\$1.37	\$4.15	\$0.00
REL	\$20.34	\$22.84	\$0.00
Total:	\$21.71	\$26.99	\$0.00

Debts and Obligations:

Total Deposited, Not yet Distributed: \$0.00

Payable	Facility	Pfx	Info Number	Balance	Status	%
Victim/Witness Surcharge A	DCI	BA	14CF938	\$706.97	Open	50
Victim/Witness Surcharge B	DCI	BA	14CF938	\$378.00	Open	50
DNA Surcharge	DCI	BA	14CF938	\$250.00	Open	50
Court Costs	DCI	BA	14CF938	\$2,464.00	Open	50

Account Activity:

Date	Acct Type	Facility	Transaction Description	Receipt/Info Number	Amount
08/03/2017	REG	FLCI	Canteen Sale to Inmate		(\$0.63)
08/04/2017	Photocopies Charge OD	FLCI	Increase Amount Owed	08/04/2017	\$0.60
08/04/2017	REG	FLCI	Photocopies Fee WD (OD)		(\$0.60)
08/10/2017	REG	FLCI	Involuntary Unassigned 001 7/23/17-8/05/17 Reg:80@\$0.05		\$4.00
08/10/2017	REL	FLCI	Post Inmate Release Withdrawal		\$0.20
08/10/2017	REG	FLCI	Withhold Victim/Witness Surcharge A	14CF938	(\$2.00)
08/10/2017	REG	FLCI	Withhold for Inmate Release Account		(\$0.20)
08/17/2017	REG	FLCI	Canteen Sale to Inmate		(\$0.86)
08/18/2017	Photocopies Charge LOAN	FLCI	Original Obligation	08/18/2017	\$0.90
08/18/2017	REG	FLCI	Photocopies Fee WD (OD)		(\$0.90)
08/24/2017	REG	FLCI	Involuntary Unassigned 001 8/06/17-8/19/17 Reg:80@\$0.05		\$4.00
08/24/2017	REL	FLCI	Post Inmate Release Withdrawal		\$0.20
08/24/2017	REG	FLCI	Withhold Victim/Witness Surcharge A	14CF938	(\$2.00)
08/24/2017	REG	FLCI	Withhold for Inmate Release Account		(\$0.20)
08/31/2017	Postage Charge OD	FLCI	Increase Amount Owed	12/27/2017	\$1.40
08/31/2017	REG	FLCI	Postage Charge (OD)		(\$1.40)
09/07/2017	REG	FLCI	Involuntary Unassigned 001 8/20/17-9/02/17 Reg:80@\$0.05		\$4.00
09/07/2017	REL	FLCI	Post Inmate Release Withdrawal		\$0.20
09/07/2017	REG	FLCI	Withhold Victim/Witness Surcharge A	14CF938	(\$2.00)
09/07/2017	REG	FLCI	Withhold for Inmate Release Account		(\$0.20)
09/14/2017	REG	FLCI	Canteen Sale to Inmate		(\$2.17)
09/21/2017	REG	FLCI	Involuntary Unassigned 001 9/03/17-9/16/17 Reg:72@\$0.05		\$3.60
09/21/2017	REL	FLCI	Post Inmate Release Withdrawal		\$0.18
09/21/2017	REG	FLCI	Withhold Victim/Witness Surcharge A	14CF938	(\$1.80)
09/21/2017	REG	FLCI	Withhold for Inmate Release Account		(\$0.18)
09/28/2017	REG	FLCI	Canteen Sale to Inmate		(\$1.59)
10/05/2017	REG	FLCI	Involuntary Unassigned 001 9/17/17-9/30/17 Reg:80@\$0.05		\$4.00
10/05/2017	REL	FLCI	Post Inmate Release Withdrawal		\$0.20
10/05/2017	REG	FLCI	Withhold Victim/Witness Surcharge A	14CF938	(\$2.00)
10/05/2017	REG	FLCI	Withhold for Inmate Release Account		(\$0.20)
10/12/2017	REG	FLCI	Canteen Sale to Inmate		(\$1.84)
10/19/2017	REG	FLCI	Involuntary Unassigned 001 10/01/17-10/14/17 Reg:80@\$0.05		\$4.00
10/19/2017	REL	FLCI	Post Inmate Release Withdrawal		\$0.20

* Division of Adult Institution not collecting at this time.