

Oneida Judiciary
Tsi nu téshakotiya?tolétha?

FEE WAIVER REQUEST

Petitioner

Today's Date _____

v.

Case # _____

Respondent

I declare and say that I am the Petitioner/Respondent in the above-entitled case; that in support of my application to proceed without being required to file the bond, prepay fees, costs or give security, I state that because of my financial circumstances I am unable to pay costs of the filing or additional court fees for the following reasons:

- Unemployed.** Please attach an explanation and documentation from the Wisconsin Department of Workforce Development (or documentation from the applicable department that handles Unemployment Insurance in your state)
- Health/Medical.** Please attach an explanation and documentation from your licensed physician.
- Indigent.** Please attach an explanation and documentation to show you meet the *Poverty Guideline for Earnings* requirements located on the back of this form.
- Other.** Please attach an explanation and documentation.

I further swear that the declarations I have made relating to my inability to pay are true. I further understand that a false statement in this affidavit will subject me to penalties of perjury.

Petitioner/Respondent Signature

Date

***** **Oneida Judiciary use only** *****

_____ Approved _____ Denied

Signed on this _____ day of _____, 20____

Chief Judge or Lead Judge

Poverty Guidelines for Earnings
 July 1, 2015 to June 30, 2016
 (Guidelines based on gross income)

Size of Family	Yearly	Monthly	Weekly
1	\$11,770	\$981	\$226
2	\$15,930	\$1,328	\$306
3	\$20,090	\$1,675	\$386
4	\$24,250	\$2,022	\$466
5	\$28,410	\$2,369	\$546
6	\$32,570	\$2,716	\$626
7	\$36,730	\$3,063	\$706
8	\$40,890	\$3,410	\$786
Each additional family member	Add \$4160 to above amount	Add \$347 to above amount	Add \$80 to above amount