

ONEIDA JUDICIARY - COURT OF APPEALS

Appellant

v.

Case No.: _____

Respondent

REQUEST FOR WAIVER OF DEPOSIT/BOND

I, _____, Appellant, request the Oneida Judiciary, Court of Appeals, to waive the deposit/bond requirement of Rule 805.5-2(d) of the Rules of Appellate Procedure, "A cash deposit or bond in an amount equal to the amount of any judgment, . . . shall accompany the Notice of Appeal."

I have been ordered by _____, the original hearing body, to pay fees/fines/costs/other in the amount of \$_____.

The Appellant offers the following reason(s) in support of this request:

- I am low income, as indicated by the Poverty Guidelines on the other side of this request.
Supporting documentation of low income is attached.

I declare the above is true and correct.

I understand that should this request be denied, that I must pay the deposit/bond in the above amount within ten (10) calendar days of the denial. I further understand that if it is not paid, my appeal may be dismissed.

Appellant's Signature

Date

Poverty Guidelines for Earnings
 July 1, 2018 to June 30, 2019
 (Guidelines based on gross income)

Size of Family	Weekly	Bi-weekly	Monthly	Yearly
1	\$233	\$467	\$1,012	\$12,140
2	\$316	\$633	\$1,372	\$16,460
3	\$399	\$799	\$1,732	\$20,780
4	\$481	\$965	\$2,092	\$25,100
5	\$564	\$1,132	\$2,452	\$29,420
6	\$647	\$1,298	\$2,812	\$33,740
7	\$730	\$1,464	\$3,172	\$38,060
8	\$813	\$1,630	\$3,532	\$42,380
Each additional family member	Add \$83 to above amount	Add \$161 to above amount	Add \$360 to above amount	Add \$4320 above amount

Circle which area applies to you, proof of low income must be provided.