

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, additional court fees, or Oneida Police Department service 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, 2019 thru June 30, 2020
 (Guidelines based on gross income)

Size of Family	Weekly	Bi-weekly	Monthly	Yearly
1	\$240	\$480	\$1,041	\$12,490
2	\$325	\$650	\$1,409	\$16,910
3	\$410	\$820	\$1,778	\$21,330
4	\$495	\$990	\$2,146	\$25,750
5	\$580	\$1,160	\$2,514	\$30,170
6	\$665	\$1,330	\$2,883	\$34,590
7	\$750	\$1,500	\$3,251	\$39,010
8	\$835	\$1,670	\$3,619	\$43,430
Each additional family member	Add \$85 to above amount	Add \$170 to above amount	Add \$368 to above amount	Add \$4,420 above amount