

Oneida Judiciary – Court of Appeals

Appellant

v.

Case # _____

Respondent

FILING FEE WAIVER REQUEST

I, the above-named Appellant, pursuant to the Rules of Appellate Procedure, section 805.5-2(b)(1), hereby request a waiver of the filing for the above-entitled action. I declare that due to my current financial circumstances, I am unable to pay the filing fee 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 declare that the statements that I have made relating to my inability to pay are true. I understand that any false declarations that I make will subject me to penalties of perjury.

Appellant Signature

Date

***** *Court of Appeals Use Only* *****

_____ Approved

_____ Denied

Chief Judge / Lead Judge

Date

Poverty Guidelines for Earnings
 July 1, 2020 thru June 30, 2021
 (Guidelines based on gross income)

Size of Family	Weekly	Bi-weekly	Monthly	150%
1	\$245	\$491	\$1,063.33	\$1,595
2	\$332	\$663	\$1,436.67	\$2,155
3	\$418	\$835	\$1,810.00	\$2,715
4	\$504	\$1,008	\$2,183.33	\$3,275
5	\$590	\$1,180	\$2,556.67	\$3,835
6	\$676	\$1,352	\$2,930.00	\$4,395
7	\$762	\$1,525	\$3,303.33	\$4,955
8	\$848	\$1,697	\$3,676.67	\$5,515
Each additional family member	Add \$86 to above amount	Add \$172 to above amount	Add \$373 to above amount	Add \$560 above amount