

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, 2017 to June 30, 2018
 (Guidelines based on gross income)

Size of Family	Yearly	Monthly	Weekly
1	\$12,060	\$1,005	\$232
2	\$16,240	\$1,353	\$312
3	\$20,420	\$1,702	\$393
4	\$24,600	\$2,050	\$473
5	\$28,780	\$2,398	\$553
6	\$32,960	\$2,747	\$634
7	\$37,140	\$3,095	\$714
8	\$41,320	\$3,443	\$795
Each additional family member	Add \$4180 to above amount	Add \$348 to above amount	Add \$80 to above amount