

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, 805.5-2(b)(1), hereby request a waiver of the filing fee for the above-entitled action. I declare that due to my financial circumstances, I am unable to pay cost of the filing fees for the following reason(s):

- ☐ **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 statements I have made relating to my inability to pay are true. I further 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, 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