## Oneida Judiciary – Court of Appeals

App	ellant						
v.		Case #					
Resp	pondent						
	FILING FE	E WAIVER REQUEST					
here	by request a waiver of the filing for the	the Rules of Appellate Procedure, section 805.5-2(b)(1), a above-entitled action. I declare that due to my current by the filing fee for the following reasons:					
	<b>Unemployed</b> . Please attach an explanation and documentation from the Wisconsi Department of Workforce Development (or documentation from the applicable department that handles Unemployment Insurance in your state)						
	<b>Health/Medical</b> . Please attach an explanation and documentation from your licensed physician.						
	<b>Indigent</b> . Please attach an explanation and documentation to show you meet the <i>Poverty Guideline for Earnings</i> requirements located on the back of this form.						
	Other. Please attach an explanation and documentation.						
		have made relating to my inability to pay are true. I make will subject me to penalties of perjury.					
App	ellant Signature	Date					
***	******* Court oj	f Appeals Use Only *****************					
	Approved	Denied					
Chie	ef Judge / Lead Judge						

## Poverty Guidelines for earnings (For earnings from July 1, 2021 thru June 30, 2022)

Size of Family	Weekly	Bi-weekly	Semi- monthly	Monthly	Annually
1	\$248	\$495	\$537	\$1,073	\$12,880
2	\$335	\$670	\$726	\$1,452	\$17,420
3	\$422	\$845	\$915	\$1,830	\$21,960
4	\$510	\$1,019	\$1,104	\$2,208	\$26,500
5	\$597	\$1,194	\$1,293	\$2,587	\$31,040
6	\$684	\$1,368	\$1,483	\$2,965	\$35,580
7	\$772	\$1.543	\$1,672	\$3,343	\$40,120
8	\$859	\$1.718	\$1,861	\$3,722	\$44,660
Ea. add'l Family member	Add \$87 to above amount	Add \$175 to above amount	Add \$189 to Above amount	Add \$378 to Above amount	Add \$4,540 to above amount

Source: Federal Register / Vol. 86, No. 19 / Monday, February 1, 2021 CV-427, 04/21 Poverty Guidelines for Earnings 812.34(3) Wisconsin Statutes