

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
(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