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 Ap	opeals Use Only ************************************
Approved	Denied

Chief Judge / Lead Judge

Date

Poverty Guidelines for Earnings (For earnings from July 1, 2022 thru June 30, 2023)

Size of Family	Weekly	Bi-weekly	Semi- monthly	Monthly	Annually
1	\$261	\$523	\$566	\$1,133	\$13,590
2	\$352	\$704	\$763	\$1,526	\$18,310
3	\$443	\$886	\$960	\$1,919	\$23,030
4	\$534	\$1,067	\$1,156	\$2,313	\$27,750
5	\$624	\$1,249	\$1,353	\$2,706	\$32,470
6	\$715	\$1,430	\$1,550	\$3,099	\$37,190
7	\$806	\$1,612	\$1,746	\$3,493	\$41,910
8	\$897	\$1,793	\$1,943	\$3,886	\$46,630
Ea. add'l	Add \$91 to	Add \$182 to	Add \$197 to	Add \$393 to	Add \$4,720 to
family member	above amount	above amount	Above amount	Above amount	above amount

References:

- 8 O.C. 801.2-6
- Federal Register (Vol. 87, No. 14; Friday, January 21, 2022)
- Wis. Stat. § 812.34(3)
 - Form CV-427, Poverty Guidelines for Earnings