

**Oneida Judiciary**  
**Tsi nu te`shakotiya?tole`tha?**  
**P O Box 19**  
**Oneida, WI 54155**  
**(920) 496-7200**

**FEE WAIVER REQUEST**

\_\_\_\_\_  
Petitioner

v.

Today's Date \_\_\_\_\_

\_\_\_\_\_  
Respondent

Case # \_\_\_\_\_

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\_\_\_\_

\_\_\_\_\_  
Judge

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

<b>Size of Family</b>	<b>Weekly</b>	<b>Bi-weekly</b>	<b>Semi-monthly</b>	<b>Monthly</b>	<b>Annually</b>
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 family member	Add \$91 to above amount	Add \$182 to above amount	Add \$197 to Above amount	Add \$393 to Above amount	Add \$4,720 to 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