

ONEIDA JUDICIARY - COURT OF APPEALS

Appellant

v.

Case No.: _____

Respondent(s)

REQUEST FOR WAIVER OF DEPOSIT/BOND

I, _____, Appellant, request the Oneida Judiciary, Court of Appeals, for a waiver of the deposit/bond requirement of section 805.5-2(d) of the Rules of Appellate Procedure, "A cash deposit or bond in an amount equal to the amount of any judgment, . . . shall accompany the Notice of Appeal."

I have been ordered by _____, the original hearing body, to pay fees/fines/costs/other in the amount of \$_____.

I offer the following reason(s) as to why I am seeking this waiver:

Supporting documentation attached.

I understand that should this request be denied, that I must pay the deposit/bond in the above ordered amount within ten (10) calendar days of the denial. I further understand that if it is not paid, my appeal may be dismissed.

Signature of Appellant or Attorney/Advocate

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 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