

**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, 2023 thru June 30, 2024)**

<b>Size of Family</b>	<b>Weekly</b>	<b>Bi-weekly</b>	<b>Semi-monthly</b>	<b>Monthly</b>	<b>Annually</b>
1	\$280	\$561	\$608	\$1,215	\$14,580
2	\$379	\$758	\$822	\$1,643	\$19,720
3	\$478	\$956	\$1,036	\$2,072	\$24,860
4	\$577	\$1,154	\$1,250	\$2,500	\$30,000
5	\$676	\$1,352	\$1,464	\$2,928	\$35,140
6	\$775	\$1,549	\$1,678	\$3,357	\$40,280
7	\$873	\$1,747	\$1,893	\$3,785	\$45,420
8	\$972	\$1,945	\$2,107	\$4,213	\$50,560
Ea. add'l family member	Add \$99 to above amount	Add \$198 to above amount	Add \$214 to Above amount	Add \$428 to Above amount	Add \$5,140 to above amount

References:

- 8 O.C. 801.2-6
- Federal Register (Vol. 88, No. 12; Thursday, January 19, 2023)
- Wis. Stat. § 812.34(3)
  - Form CV-427, Poverty Guidelines for Earnings