

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, 2024 thru June 30, 2025)

<b>Size of Family</b>	<b>Weekly</b>	<b>Bi-weekly</b>	<b>Semi-monthly</b>	<b>Monthly</b>	<b>Annually</b>
1	\$290	\$561	\$628	\$1,255	\$15,060
2	\$394	\$758	\$852	\$1,703	\$20,440
3	\$498	\$956	\$1,076	\$2,152	\$25,820
4	\$602	\$1,154	\$1,300	\$2,600	\$31,200
5	\$706	\$1,352	\$1,524	\$3,048	\$36,580
6	\$810	\$1,549	\$1,749	\$3,497	\$41,960
7	\$914	\$1,747	\$1,973	\$3,945	\$47,340
8	\$1,018	\$1,945	\$2,197	\$4,393	\$52,720
Ea. add'l family member	Add \$99 to above amount	Add \$198 to above amount	Add \$224 to Above amount	Add \$448 to Above amount	Add \$5,380 to above amount

References:

- 8 O.C. 801.2-6
- Federal Register (Vol. 89, No. 11; Wednesday, January 17, 2024)
- Wis. Stat. § 812.34(3)
  - Form CV-427, Poverty Guidelines for Earnings