Appellant

v.

Case #

Respondent

FILING FEE WAIVER REQUEST

I, the above-named Appellant, pursuant to the Rules of Appellate Procedure, 805.5-2(b)(1), hereby request a waiver of the filing fee for the above-entitled action. I declare that due to my financial circumstances, I am unable to pay cost of the filing fees for the following reason(s):

- □ **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 statements I have made relating to my inability to pay are true. I further understand that any false declarations that I make will subject me to penalties of perjury.

Appellant Signature	Date
***************************** Cou	rt of Appeals Use Only ***************************
Approved	Denied
Chief Judge / Lead Judge	Date

Poverty Guidelines for Earnings (For earnings from July 1, 2025 thru June 30, 2026)

Size of Family	Weekly	Bi-weekly	Semi- monthly	Monthly	Annually
1	\$301	\$602	\$652	\$1,304	\$15,650
2	\$407	\$813	\$881	\$1,763	\$21,150
3	\$513	\$1,025	\$1,110	\$2,221	\$26,650
4	\$618	\$1,237	\$1,340	\$2,679	\$32,150
5	\$724	\$1,448	\$1,569	\$3,138	\$37,650
6	\$830	\$1,660	\$1,798	\$3,596	\$43,150
7	\$936	\$1,871	\$2,027	\$4,054	\$48,650
8	\$1,041	\$2,083	\$2,256	\$4,513	\$54,150
Ea. add'l	Add \$106 to	Add \$212 to	Add \$229 to	Add \$458 to	Add \$5,500 to
family member	above amount	above amount	Above amount	Above amount	above amount

References:

- 8 O.C. 801.2-6
- Federal Register (Vol. 90, No. 11; Friday, January 17, 2025)
- Wis. Stat. § 812.34(3)
 - Form CV-427, Poverty Guidelines for Earnings