

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, 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 family member	Add \$106 to above amount	Add \$212 to above amount	Add \$229 to Above amount	Add \$458 to Above amount	Add \$5,500 to 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