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 _____

_____

Case #_____

Respondent

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, 2026 thru June 30, 2027)

Size of Family	Weekly	Bi-weekly	Semi-monthly	Monthly	Annually
1	$307	$614	$665	$1,330	$15,960
2	$416	$832	$902	$1,803	$21,640
3	$525	$1,051	$1,138	$2,276	$27,320
4	$635	$1,237	$1,375	$2,750	$33,000
5	$744	$1,448	$1,612	$3,223	$38,680
6	$853	$1,660	$1,848	$3,697	$44,360
7	$962	$1,871	$2,085	$4,170	$50,040
8	$1,072	$2,083	$2,332	$4,643	$55,720
Ea. add'l family member	Add $109 to above amount	Add $218 to above amount	Add $237 to Above amount	Add $473 to Above amount	Add $5,680 to above amount

References:

- 8 O.C. 801.2-6
- Federal Register (Vol. 91, No. 10; Thursday, January 15, 2026)
- Wis. Stat. § 812.34(3)
    - Form CV-427, Poverty Guidelines for Earnings