

APPLICATION TO WAIVE FILING FEES AND SERVICE COSTS

| | | | |
|---|----------|------|---------------|
| State of Vermont Vermont Superior Court | Division | Unit | Docket Number |
|---|----------|------|---------------|

| | | | |
|------------------|------------------------|-------|--|
| Name | First | Last | Others Living with You (include adults and children) |
| Street Address | | | |
| Town/City | | State | Zip |
| Telephone Number | | | |
| Date of Birth | Social Security Number | | Total Number in Household (including Yourself) |

| EMPLOYMENT | |
|--|---------------------------------------|
| Are you employed? Yes <input type="checkbox"/> No <input type="checkbox"/> | Employer(s) Name(s) and Address(es) : |
| If Yes, fill in employer's name(s) and address(es) | |

| INCOME | | | EXPENSES | |
|--|------------------------------|---|--|----------|
| Do you receive Public Assistance? (including TANF/Reach UP; SSI, General Assistance) | Yes <input type="checkbox"/> | No <input type="checkbox"/> | If all adults living with you receive public assistance, it is not necessary to fill out the Expenses section below. Otherwise, enter your monthly household expenses | |
| Do Any Family Members Living With You Receive Public Assistance | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Current Monthly Income | | | Rent or Mortgage Pmt. | \$ _____ |
| | You | Other Household Members Living With You | Electric Service | \$ _____ |
| Gross Income from Wages | \$ _____ | \$ _____ | Phone | \$ _____ |
| Self Employment/Business Income (other than wages) | \$ _____ | \$ _____ | Fuel (heat and/or gas) | \$ _____ |
| Unemployment Compensation | \$ _____ | \$ _____ | Food | \$ _____ |
| Child Support | \$ _____ | \$ _____ | Clothing | \$ _____ |
| Public Assistance | \$ _____ | \$ _____ | Medical | \$ _____ |
| Other Income (Including Disability Insurance and Social Security) | \$ _____ | \$ _____ | Child Support | \$ _____ |
| Total Income | \$ _____ | \$ _____ | Auto Loan Payments | \$ _____ |
| Total Monthly Income (Your income plus Household members) | \$ _____ | \$ _____ | Property Taxes | \$ _____ |
| Total Income in the past 12 months | \$ _____ | \$ _____ | Insurance(Incl. Health, Auto, etc) | \$ _____ |
| Is your income in the last 30 days significantly different from your monthly income during the previous year | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Other Expenses | \$ _____ |
| If YES, please explain the circumstances on the next page. | | | Total Expenses | \$ _____ |

| Cash Assets | | Other Assets | |
|--------------------------|----------|------------------------|-------------------------|
| Cash On Hand | \$ _____ | Real Estate (Location) | Auto (Make , Model, Yr) |
| Checking Account | \$ _____ | Fair Market Value | \$ _____ |
| Savings Account | \$ _____ | Outstanding Mortgage | \$ _____ |
| Total Cash Assets | \$ _____ | Net Value | \$ _____ |

| Additional Assets: | | | | | |
|--|-------------------|--|-------------------------|-------------------------------------|-----------|
| I have additional assets: Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, describe them below | | | | | |
| Vehicles | Make, Model, Year | | Fair Market Value (FMV) | Amount Owed | Net value |
| | | | \$ | \$ | \$ |
| | | | \$ | \$ | \$ |
| | | | \$ | \$ | \$ |
| | | | \$ | \$ | \$ |
| Real Property | Description | | FMV | Mortgage | Net Value |
| | | | \$ | \$ | \$ |
| | | | \$ | \$ | \$ |
| Other Assets e.g. tools, equipment, recreational vehicles, electronics, stocks, bonds, etc. | Description | | FMV | Use additional sheets as necessary. | |
| | | | \$ | | |
| | | | \$ | | |
| | | | \$ | | |

Other Employed Household Members

| Name of Household Member | Name of Employer | Employer's Address |
|--------------------------|------------------|--------------------|
| | | |
| | | |
| | | |

Change in Monthly Income: If your current monthly income is significantly different from last year's income, please describe the reasons for the change.

| | | |
|--|----|--|
| My income last year (past 12 months) was | \$ | |
| The income from other household members last year was: | \$ | |

The reason for the change is: (This section must be filled out if you have a change in income.)

I request the Court waive filing fees and/or pay service fees in this case because of my low income. I further state that all of my answers are true to the best of my knowledge and belief, UNDER PENALTY OF PERJURY.

Signed and sworn before me:

| | | | |
|---------------|------|---------------------|------|
| Notary Public | Date | Applicant Signature | Date |
|---------------|------|---------------------|------|

DETERMINATION OF FINANCIAL ELIGIBILITY

The Application is **DENIED**

The gross income of the applicant and cohabitating family members is greater than 150% of the poverty line, AND welfare aid does not constitute a major portion of subsistence of the applicant and cohabitating family members, AND the applicant is able to pay the filing fee and costs of service without expending income or liquid resources necessary for the maintenance of the applicant and all dependents.

You must pay \$ **to the court clerk within 30 days or the case will be dismissed.**

The Application is **GRANTED**

Welfare aid constitutes a major portion of subsistence of the applicant and cohabitating family members.
OR

The gross income of the applicant and cohabitating family members is at or below 150% of the poverty income guidelines. OR

Applicant is unable to pay the entire filing fee and costs of service without expending income or liquid resources necessary for the maintenance of the applicant and all dependents.

THE FILING FEES AND COSTS OF SERVICE ARE WAIVED.

The Application is **GRANTED** in part and **DENIED** in part

Applicant is a financially needy person; however, based on the financial statement, Applicant has the ability to pay the costs of service without expending income or liquid resources necessary for the maintenance of the applicant and all dependents.

THE FILING FEES ARE WAIVED. THE COSTS OF SERVICE ARE NOT WAIVED.

You must pay \$ **In service fees to** **the clerk** **sheriff.**

You must pay \$ **to the court clerk within 30 days or the case will be dismissed.**

| | | |
|--|--------------------------------|------|
| | Signature of Clerk or Designee | Date |
|--|--------------------------------|------|

NOTICE OF RIGHT TO APPEAL: You have the right to **appeal** this order to the Judge of this Court. Your appeal must be filed in writing with the clerk of this court within 7 days of the date of this order.