

DECLARATION OF INABILITY TO PAY

My name is _____, my address is _____, _____

I understand that _____ (name of plaintiff) claims I owe a debt, and plans to ask the court for a judgment. I know that even if I can't afford to pay a judgment, the court might grant the plaintiff a judgment. This is my statement about my income, so the court can determine if there are any laws that protect me from being ordered to pay on a judgment.

Income

I receive needs-based income (including fuel assistance, food stamps, Reach Up) or needs-based health benefits from the State of Vermont, and because the State of Vermont has decided I can have these benefits, all my income is protected.

I receive income from one or more of the programs below, so income from that program can not be taken to pay a judgment.

- The Social Security Administration
- Veteran's Administration Benefits
- Unemployment Insurance
- Workers' Compensation
- payments from pensions including IRAs and 401k programs.
- insurance or disability payments
- And, I have no income other than the benefits program(s) income box checked.

I reasonably believe the court will find that after paying reasonable living expenses to maintain food, shelter and medical care for myself and my dependents I have no money left to pay a debt.

I earn income that is less than the hourly Vermont minimum wage times 40 hours.

Assets

- I have no more than \$700. in my bank accounts.
- I have no more than \$7000. in assets, except for pension, IRAs or 401ks.
- My bank account receives deposits from the Social Security
- I own no real estate.
- I own real estate jointly with my spouse.
- I own real estate, but its assessed value by the Town, minus the balance of the mortgage, is less than \$125,000. and so my equity in the real estate is exempt from collection.

By signing this form, I swear of affirm that the information on this form is true.

Date

Signed

VLA Draft Proposed Form 4/6/2017

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