

STATE OF VERMONT

SUPERIOR COURT

CIVIL DIVISION

Unit

Case No. _____

Plaintiff(s)

VS.

Defendant(s)

DISCLOSURE OF EXEMPT INCOME

see List of Exemptions at www.vermontjudiciary.org/media/23

I certify that the following statement is a true and accurate description of my income

- I am currently eligible, or was eligible within the last two months, for benefits from:
 - The Vermont Department for Children and Families (DCF)
 - The Department of Vermont Health Access (DVHA)

- My income source(s) include one or more of the following exempt sources:
 - Social Security Income
 - Social Security or Social Security Disability
 - Veteran’s Benefits
 - Unemployment Compensation
 - Workers’ Compensation

- My reasonable living expenses for myself and my family members living with me are more than my income after taxes. I have completed and attached Financial Disclosure Affidavit showing my income and expenses.

- My income is otherwise exempt because:

Dated

Signature

Printed Name

Street Address: _____

City/State/Zip: _____

Mailing Address (if different from Street Address): _____