

# STATE OF VERMONT

## SUPERIOR COURT

Unit \_\_\_\_\_

Case No. \_\_\_\_\_

### APPLICATION TO WAIVE FILING FEES AND SERVICE COSTS

Name (First & Last) \_\_\_\_\_

Street Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Mailing Address: (if different from street address) \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Social Security #: \_\_\_\_\_

#### Others Living with You (include adults & children)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Total Number Living in Household \_\_\_\_\_

#### Employment

Are you employed? ☐ Yes ☐ No If Yes, list Employers' Name & Address

Employer Name

Employer Address

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

#### Income

Do you receive Public Assistance? ☐ Yes ☐ No  
(including TANF/Reach UP; SSI, General Assistance)

#### Your Current Monthly Income

Gross Income from Wages \$ \_\_\_\_\_

Unemployment Compensation \$ \_\_\_\_\_

Child Support \$ \_\_\_\_\_

Public Assistance \$ \_\_\_\_\_

Other Income \$ \_\_\_\_\_

(including Disability Insurance & Social Security)

Self-Employment/Business Income \$ \_\_\_\_\_

(other than wages)

Total Monthly Income \$ \_\_\_\_\_

Total Income in the past 12 months \$ \_\_\_\_\_

Is your income in the last 30 days significantly different  
from your monthly income during the previous year?

☐ Yes ☐ No

If Yes, please explain the circumstance on the next page.

#### Expenses

Enter your **monthly** household expenses

Rent or Mortgage Payment \$ \_\_\_\_\_

Electric Service \$ \_\_\_\_\_

Phone \$ \_\_\_\_\_

Fuel (heat and/or gas) \$ \_\_\_\_\_

Food \$ \_\_\_\_\_

Clothing \$ \_\_\_\_\_

Medical \$ \_\_\_\_\_

Child Support \$ \_\_\_\_\_

Auto Loan Payment \$ \_\_\_\_\_

Property Taxes \$ \_\_\_\_\_

Insurance (health, auto, etc.) \$ \_\_\_\_\_

Other Expenses \$ \_\_\_\_\_

Total Expenses \$ \_\_\_\_\_

Cash Assets		Other Assets		
		Real Estate (Location)	Auto (Make, Model, Year)	
Cash on Hand	\$ _____	Fair Market	\$ _____	\$ _____
Checking Account	\$ _____	Value Outstanding	\$ _____	\$ _____
Savings Account	\$ _____	Mortgage	\$ _____	\$ _____
<b>Total Cash Assets</b>	\$ _____	<b>Net Value</b>	\$ _____	\$ _____

### Additional Assets

I have additional assets: ☐ Yes ☐ No *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 <i>(examples - tools, equipment, recreational vehicles, electronics, stocks, bonds, etc.)</i>	Description	FMV	Use additional sheets as necessary	

### Change in Monthly Income

If your current monthly income is significantly different from last year's income, describe the reasons for the change.

My income last year (past 12 months) was \$ \_\_\_\_\_

The reason for the change is: \_\_\_\_\_

I request the Court waive filing fees and/or pay service fees in this case because of my low income.

I declare that the above statement is true and accurate to the best of my knowledge and belief. I understand that if the above statement is false, I will be subject to the penalty of perjury, or other sanctions in the discretion of the court.

Date

\_\_\_\_\_

Signature

\_\_\_\_\_

Printed Name

\_\_\_\_\_

### Determination of Financial Eligibility

☐ The Application is **DENIED**

The gross income of the applicant is greater than 150% of the poverty line, AND the applicant does not receive public assistance. 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**

☐ Applicant receives public assistance OR

☐ The gross income of the applicant is at or below 150% of the poverty income guidelines. OR

☐ Applicant is unable to pay the entire filing fee or 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 IS WAIVED.**

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

Applicant is a financially needy person; however, based on the financial statement, Applicant is able to pay the costs of service without expending household 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.**

Date

Signature of Clerk or Designee

\_\_\_\_\_

\_\_\_\_\_

**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 with 7 days of the date of this Order.