

STATE OF VERMONT

SUPERIOR COURT

DIVISION

Unit

Case No. _____

APPLICATION TO WAIVE FILING FEES AND SERVICE COSTS

Case Name

Name: (First & Last) _____

Street Address: _____

City/State/Zip: _____

Mailing Address: (if different from street address) _____

Email Address: _____

Telephone Number: _____

Total Number Living in Household (spouse, partner & dependents) _____

Employment

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

Employer Name

Employer Address

Public Assistance:

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

Type of Assistance: _____ Monthly Amount \$ _____

IF YOU RECEIVE PUBLIC ASSISTANCE, SKIP TO SIGNATURE SECTION

Income	Expenses
Your Current Monthly Income	Enter your monthly household expenses
Gross Income from Wages \$ _____	Rent or Mortgage Payment \$ _____
Unemployment Compensation \$ _____	Electric Service \$ _____
Child Support \$ _____	Phone \$ _____
Other Income \$ _____	Fuel (heat and/or gas) \$ _____
(including Disability Insurance & Social Security)	Food \$ _____
Self-Employment/Business Income \$ _____	Clothing \$ _____
(other than wages)	Medical \$ _____
Total Monthly Income \$ _____	Child Support \$ _____
Total Income in the past 12 months \$ _____	Auto Loan Payment \$ _____
	Property Taxes \$ _____
	Insurance (health, auto, etc.) \$ _____
	Other Expenses \$ _____
	Total Expenses \$ _____

Other 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
		\$	\$	\$
		\$	\$	\$
Cash Assets				
	Cash on Hand	\$		
	Checking Account	\$		
	Savings Accounts	\$		
	Total Cash Assets	\$		
Other Assets (examples - tools, equipment, recreational vehicles, electronics, stocks, bonds, etc.)	Description	FMV	Use additional sheets as necessary	

Additional Information

These are additional reasons why I cannot afford the fees:

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

Applicant 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 ARE WAIVED.

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.