

APPLICATION TO WAIVE FILING FEES AND SERVICE COSTS

State of Vermont Vermont Superior Court	Division	Unit		Docket Number
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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"/> <small>If Yes, fill in employer's name(s) and address(es)</small>	Employer(s) Name(s) and Address(es) :
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INCOME	EXPENSES																																																											
<p>Do you receive Public Assistance? (including TANF/Reach UP; SSI, General Assistance)</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;"></td> <td style="width: 10%; text-align: center;">Yes</td> <td style="width: 10%; text-align: center;">No</td> <td style="width: 50%;"></td> </tr> <tr> <td>Do Any Family Members Living With You Receive Public Assistance</td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td></td> </tr> </table>		Yes	No		Do Any Family Members Living With You Receive Public Assistance				<p>If all adults living with you receive public assistance, it is <u>not</u> necessary to fill out the Expenses section below.</p> <p>Otherwise, enter your monthly household expenses</p>																																																			
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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						
		\$ _____	\$ _____	\$ _____						
		\$ _____	\$ _____	\$ _____						
		\$ _____	\$ _____	\$ _____						
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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	<i>Date</i>	Applicant Signature	<i>Date</i>
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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
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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.