

# APPLICATION TO WAIVE FILING FEES AND SERVICE COSTS

<b>State of Vermont</b> Vermont Superior Court	Division	Unit		Docket Number
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<b>Name</b>	First	Last	<b>Others Living with You</b> (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? <b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/> If Yes, fill in employer's name(s) and address(es)	Employer(s) Name(s) and Address(es) :
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INCOME	EXPENSES								
<table style="width: 100%;"> <tr> <td style="width: 60%;"><b>Do you receive Public Assistance?</b> (including TANF/Reach UP; SSI, General Assistance)</td> <td style="width: 10%; text-align: center;">Yes</td> <td style="width: 10%; text-align: center;">No</td> <td style="width: 20%;"></td> </tr> <tr> <td>Do Any Family Members Living With You Receive Public Assistance</td> <td style="text-align: center;">Yes</td> <td style="text-align: center;">No</td> <td></td> </tr> </table>	<b>Do you receive Public Assistance?</b> (including TANF/Reach UP; SSI, General Assistance)	Yes	No		Do Any Family Members Living With You Receive Public Assistance	Yes	No		If <b>all</b> adults living with you receive public assistance, it is <b>not</b> necessary to fill out the Expenses section below.  Otherwise, enter your <b>monthly</b> household expenses
<b>Do you receive Public Assistance?</b> (including TANF/Reach UP; SSI, General Assistance)	Yes	No							
Do Any Family Members Living With You Receive Public Assistance	Yes	No							
<b>Current Monthly Income</b>	Rent or Mortgage Pmt. \$ _____								
You                      Other Household Members Living With You	Electric Service \$ _____								
Gross Income from Wages \$ _____ \$ _____	Phone \$ _____								
Self Employment/Business Income (other than wages) \$ _____ \$ _____	Fuel (heat and/or gas) \$ _____								
Unemployment Compensation \$ _____ \$ _____	Food \$ _____								
Child Support \$ _____ \$ _____	Clothing \$ _____								
Public Assistance \$ _____ \$ _____	Medical \$ _____								
Other Income (Including Disability Insurance and Social Security) \$ _____ \$ _____	Child Support \$ _____								
<b>Total Income</b> \$ _____ \$ _____	Auto Loan Payments \$ _____								
<b>Total Monthly Income</b> (Your income plus Household members) \$ _____	Property Taxes \$ _____								
<b>Total Income in the past 12 months</b> \$ _____	Insurance(Incl. Health, Auto, etc) \$ _____								
<b>Is your income in the last 30 days significantly different from your monthly income during the previous year</b> Yes <input type="checkbox"/> No <input type="checkbox"/>	Other Expenses \$ _____								
If YES, please explain the circumstances on the next page.	<b>Total Expenses</b> \$ _____								

Cash Assets	Other Assets																								
<table style="width: 100%;"> <tr> <td style="width: 40%;">Cash On Hand</td> <td style="width: 10%;">\$ _____</td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> </tr> <tr> <td>Checking Account</td> <td>\$ _____</td> <td>Fair Market Value</td> <td>\$ _____</td> <td>\$ _____</td> </tr> <tr> <td>Savings Account</td> <td>\$ _____</td> <td>Outstanding Mortgage</td> <td>\$ _____</td> <td>\$ _____</td> </tr> <tr> <td><b>Total Cash Assets</b></td> <td>\$ _____</td> <td><b>Net Value</b></td> <td>\$ _____</td> <td>\$ _____</td> </tr> </table>	Cash On Hand	\$ _____				Checking Account	\$ _____	Fair Market Value	\$ _____	\$ _____	Savings Account	\$ _____	Outstanding Mortgage	\$ _____	\$ _____	<b>Total Cash Assets</b>	\$ _____	<b>Net Value</b>	\$ _____	\$ _____	<table style="width: 100%;"> <tr> <td style="width: 50%;"><b>Real Estate</b> (Location)</td> <td style="width: 50%;"><b>Auto</b> (Make , Model, Yr)</td> </tr> <tr> <td>_____</td> <td>_____</td> </tr> </table>	<b>Real Estate</b> (Location)	<b>Auto</b> (Make , Model, Yr)	_____	_____
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_____	_____																								

## Additional Assets:

<b>I have additional assets:</b> Yes <input type="checkbox"/> No <input type="checkbox"/>					If Yes, describe them below				
<b>Vehicles</b>	Make, Model, Year	Fair Market Value (FMV)	Amount Owed	Net value					
		\$ _____	\$ _____	\$ _____					
		\$ _____	\$ _____	\$ _____					
		\$ _____	\$ _____	\$ _____					
<b>Real Property</b>	Description	FMV	Mortgage	Net Value					
		\$ _____	\$ _____	\$ _____					
		\$ _____	\$ _____	\$ _____					
<b>Other Assets</b> 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:*

<b>Notary Public</b>	<i>Date</i>	<b>Applicant Signature</b>	<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.**

	<b>Signature of Clerk or Designee</b>	<b>Date</b>
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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.