

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: \_\_\_\_\_

Home / Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

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

Employment

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

Employer Name

Employer Address

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

Section 1: Public Assistance:

Do you receive any kind of government benefit that is based on need, a disability, dependent children, or other income sensitive criteria?  Yes  No

Type of Assistance: \_\_\_\_\_ Monthly Amount \$ \_\_\_\_\_

**IF YOU RECEIVE ANY PUBLIC ASSISTANCE, YOU DO NOT NEED TO FILL OUT THE REMAINDER OF THE FORM. GO TO THE SIGNATURE AND DECLARATION SECTION ON THE BOTTOM OF PAGE 2.**

Section 2: Income and Expenses

If you do NOT receive public assistance, fill out the following:

Income		Expenses	
Your Current Monthly Income		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)	\$ _____
<i>(including Disability Insurance &amp; Social Security)</i>		Food	\$ _____
Self-Employment/Business Income	\$ _____	Clothing	\$ _____
<i>(other than wages)</i>		Medical	\$ _____
<b>Total Monthly Income</b>	\$ _____	Child Support	\$ _____
<b>Total Income in the past 12 months</b>	\$ _____	Auto Loan Payment	\$ _____
		Property Taxes	\$ _____
		Insurance (health, auto, etc.)	\$ _____
		Other Expenses	\$ _____
		<b>Total Expenses</b>	\$ _____

**Section 3: Other Assets**

I have additional assets:  Yes  No *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>Cash Assets</b>				
	Cash on Hand	\$		
	Checking Account	\$		
	Savings Accounts	\$		
	<b>Total Cash Assets</b>	\$		
<b>Other Assets</b>	Description	FMV	Use additional sheets as necessary	
<i>(examples - tools, equipment, recreational vehicles, electronics, stocks, bonds, etc.)</i>				

**Section 4: Additional Information**

These are additional reasons why I cannot afford the fees:

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

**Section 5: Signatures and Declaration**

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 \_\_\_\_\_