

STATE OF VERMONT

SUPERIOR COURT

Unit

Docket 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	\$ _____	\$ _____
Total Cash Assets	\$ _____	Net Value	\$ _____	\$ _____

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 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

Applicant Signature _____ Date _____

Notary Public

Signature _____ Date _____
 Printed Name _____ License # _____ Commission Expiration Date _____

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.