

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 and Expenses section containing tables for Current Monthly Income, Total Monthly Income, and a list of household expenses with dollar amounts.

Cash Assets		Other Assets		
		Real Estate (Location)	Auto (Make, Model, Year)	
Cash on Hand	\$ _____	Fair Market	\$ _____	\$ _____
Checking Account	\$ _____	Value Outstanding	\$ _____	\$ _____
Savings Account	\$ _____	Mortgage	\$ _____	\$ _____
<b>Total Cash Assets</b>	\$ _____	<b>Net Value</b>	\$ _____	\$ _____

**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	
		\$ _____		
		\$ _____		

**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, 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: \_\_\_\_\_

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 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 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 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.

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.