AFFIDAVIT OF INDIGENCY

AND REQUEST FOR WAIVER, SUBSTITUTION OR STATE PAYMENT OF FEES & COSTS

(Note: If you are currently confined in a prison or jail and are not seeking immediate release under G.L. c. 248 §1, but you are suing correctional staff and wish to request court payment of "normal" fees (for initial filing and service), do not use this form. Obtain separate forms from the clerk.)

Fiddlesex County Superior Court Court	Bo Shang vy Color San ; Bo Shang vs C. M Case Name and Number (if l	<u>Juli</u>
Court	Case Ivallie and Ivalliber (II I	Kilowii)
Name of applicant: Bo Shang		
Address: 10 McCafferty Way, Burlington, I	MA 01803	
(Street and number)	(City or town)	(State and Zip)
SECTION 1: Under the provisions of Gen I AM INDIGENT in that (a	neral Laws, Chapter 261, Sections 27A-27G, I sweetheck only one):	ear (or affirm) as follows:
$\overline{\times}$ (A) I receive public assistance under (<i>ch</i>	neck form of public assistance received):	
Transitional Aid to Families with	h Dependent Children (TAFDC) X Medica	aid (MassHealth)
☐ Emergency Aid to Elderly, Disal	bled or Children (EAEDC) Supple	mental Security Income (SSI)
Massachusetts Veterans Benefits	s Programs; or	
which income is at or below the court of various sizes must be posted in this	per week biwe persons, consisting of myself t system's Note: The court system's courthouse. If you cannot find it, ask the clerk of povertyguidelines.pdf. The court system's povertyguidelines.pdf.	s poverty levels for households or check online at:
(List any other available household i	income for the checked period on this line: \$); or
_ ` ` `	of this proceeding, or I am unable to do so without of life, including food, shelter and clothing.	ut depriving myself
IF YOU CHECKED (C), YOU MUST ALSO INDIGENCY.	O COMPLETE THE <u>SUPPLEMENT TO THE A</u>	FFIDAVIT OF

SEC'	<u>TION 2</u> :	(Note: In completing this form, please be as specific as possible as to fees and costs known at the time of filing this request. A supplementary request may be filed at a later time, if necessary.)				
		I request that the following NORMAL FEES AND COSTS be waived (not charged) by the corpaid by the state, or that the court order that a document, service or object be substituted at no collower cost, paid for by the state): (Check all that apply and, in any "\$" blank, indicate your guess as to the cost, if known .)	ost (or a			
X	Filing fee	e and any surcharge. \$				
X	Filing fee	e and any surcharge for appeal. \$				
X	Fees or co	osts for serving court summons, witness subpoenas or other court papers. \$				
	Other fees	es or costs of \$for (specify):	Sam			
	Substitutio	ion (specify):				
<u>SEC</u>	<u>TION 3</u> :	I request that the following EXTRA FEES AND COSTS either be waived (not charged), subst paid for by the state:	tituted or			
	Cost, \$ _	, of expert services for testing, examination, testimony or other assistance (specify)):			
	Cost, \$, of taking and/or transcribing a deposition of (specify name of person):				
r		opies of tape recording of trial or other proceeding, needed to prepare appeal for applicant not ed by Committee for Public Counsel Services (CPCS-public defender).				
X	Cost, \$ Other fees	, of preparing written transcript of trial or other proceeding and costs, \$, for (specify).	Sam			
	Substitutio	ion (specify)				
Da	ate signed	Signed under the penalties of perju	ury			
N	ovember 1	17, 2024 x				
ord	ler of a co	the Supreme Judicial Court, all information in this affidavit is CONFIDENTIAL. Except by ourt, it shall not be disclosed to anyone other than authorized court personnel, the applicant counsel or anyone authorized in writing by the applicant.				
		rescribed by the Chief Justice of the SJC pursuant to G.L. c. 261, § 27B. Promulgated March , 26 created August 2013.	003.			