**APPLICATION TO WAIVE FILING FEES AND SERVICE COSTS**

**State of Vermont**

Division Unit Docket Number Vermont Superior Court

**Name:**

«name»

Others Living with You (include adults and children)

Street Address «address»

Town/City State Zip

**Telephone Number:**

**Date of Birth Social Security Number**

Total Number in Household (including Yourself) EMPLOYMENT Are you employed?

**Yes No«employment»**

If Yes, fill in employer’s name(s) and address(es)

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Employer(s) Name(s) and Address(es) :

**INCOME EXPENSES**

**Yes No If all adults living with you receive public Do you receive Public Assistance? (including TANF/Reach UP; SSI, General Assistance)**

**assistance, it is not necessary to fill out the Expenses section below. Do Any Family Members Living With You Receive Public Assistance«assistance»**

Otherwise, enter your monthly household expenses

**Current Monthly Income Rent or Mortgage Pmt.**

$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

You

Other Household Members Living With You

Electric Service

$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Gross Income from Wages

$\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone

$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Self Employment/Business (other than wages) Income

$\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_\_

Fuel (heat and/or gas)

$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Unemployment Compensation $\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_\_

Food

$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child Support

$\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_\_

Clothing

$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Public Assistance

$\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_\_

Medical

$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Other Income

(Including Disability Insurance and Social Security) $\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_\_

Child Support

$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Total Income $ $ Auto Loan Payments

$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Total Monthly Income (Your income plus Household members)

$

Property Taxes

**$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Total Income in the past 12 months**

$ Insurance(Incl. Health, Auto, etc)

**$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Is your income in the last 30 days significantly different from your monthly income during the previous year**

**Yes No**

Other Expenses

$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If YES, please explain the circumstances on the next page.

**Total Expenses $**

**Cash Assets Other Assets**

Real Estate (Location) Auto (Make , Model, Yr) Cash On Hand $\_\_\_\_\_\_\_\_\_\_

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Checking Account $\_\_\_\_\_\_\_\_\_\_**

Fair Value

Market

$\_\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Savings Account $\_\_\_\_\_\_\_\_\_\_

Outstanding 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

e.g. tools, equipment, recreational vehicles, electronics, stocks, bonds, etc.

Description FMV Use additional sheets as

$ necessary. $ $

APPLICATION Other Employed Household Members

**TO WAIVE FILING FEES AND SERVICE COSTS**

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: Notary Public Date Applicant Signature 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 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.**

**Signature of Clerk or Designee Date**

NOTICE Court. of this order.

Your OF RIGHT appeal TO must APPEAL: be filed You in writing have with the right the clerk to appeal of this this court order within to the 7 days Judge of the of this

date

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