

Plaintiff(s)	VS.	Defendant(s)
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DISCLOSURE OF EXEMPT INCOME

see List of Exemptions at [www.vermontjudiciary.org/media/23](http://www.vermontjudiciary.org/media/23)

I certify that the following statement is a true and accurate description of my income

- ☐ I am currently eligible, or was eligible within the last two months, for benefits from:

☐ The Vermont Department for Children and Families (DCF)

☐ The Department of Vermont Health Access (DVHA)
- ☐ My income source(s) include one or more of the following exempt sources:

☐ Social Security Income

☐ Social Security or Social Security Disability

☐ Veteran’s Benefits

☐ Unemployment Compensation

☐ Workers’ Compensation
- ☐ My reasonable living expenses for myself and my family members living with me are more than my income after taxes. I have completed and attached Financial Disclosure Affidavit showing my income and expenses.
- ☐ My income is otherwise exempt because:

Dated

Signature

Printed Name

Street Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Mailing Address (if different from Street Address): \_\_\_\_\_