

**STATE OF VERMONT****SUPERIOR COURT****DIVISION****Unit****Case No.** \_\_\_\_\_**APPLICATION TO WAIVE FILING FEES AND SERVICE COSTS**

Case Name \_\_\_\_\_

Name: (First &amp; Last) \_\_\_\_\_

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

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

Mailing Address: (if different from street address) \_\_\_\_\_

Email Address: \_\_\_\_\_

Home / Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**Total Number Living in Household** (spouse, partner & dependents) \_\_\_\_\_**Employment**Are you employed?  Yes  No If Yes, list Employers' Name & Address

Employer Name \_\_\_\_\_

Employer Address \_\_\_\_\_

**Section 1: Public Assistance:**Do you receive any kind of government benefit that is based on need, a disability, dependent children, or other income sensitive criteria?  Yes  No

Type of Assistance: \_\_\_\_\_ Monthly Amount \$ \_\_\_\_\_

***IF YOU RECEIVE ANY PUBLIC ASSISTANCE, YOU DO NOT NEED TO FILL OUT THE REMAINDER OF THE FORM.  
GO TO THE SIGNATURE AND DECLARATION SECTION ON THE BOTTOM OF PAGE 2.*****Section 2: Income and Expenses*****If you do NOT receive public assistance, fill out the following:***

<b>Income</b>	<b>Expenses</b>
<b>Your Current Monthly Income</b>	<b>Your monthly household expenses</b>
Gross Income from Wages \$ _____	Rent or Mortgage Payment \$ _____
Unemployment Compensation \$ _____	Electric Service \$ _____
Child Support \$ _____	Phone \$ _____
Other Income \$ _____	Fuel (heat and/or gas) \$ _____
(including Disability Insurance & Social Security)	Food \$ _____
Self-Employment/Business Income \$ _____	Clothing \$ _____
(other than wages)	Medical \$ _____
<b>Total Monthly Income</b> \$ _____	Child Support \$ _____
<b>Total Income in the past 12 months</b> \$ _____	Auto Loan Payment \$ _____
	Property Taxes \$ _____
	Insurance (health, auto, etc.) \$ _____
	Other Expenses \$ _____
	<b>Total Expenses</b> \$ _____

### Section 3: Other 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
		\$	\$	\$
		\$	\$	\$
Cash Assets				
	Cash on Hand	\$		
	Checking Account	\$		
	Savings Accounts	\$		
	<b>Total Cash Assets</b>	\$		
Other Assets <i>(examples - tools, equipment, recreational vehicles, electronics, stocks, bonds, etc.)</i>	Description	FMV	Use additional sheets as necessary	

### Section 4: Additional Information

These are additional reasons why I cannot afford the fees:

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I request the Court waive filing fees and/or pay service fees in this case because of my low income.

### Section 5: Signatures and Declaration

I declare that the above statement is true and accurate to the best of my knowledge and belief. I understand that if the above statement is false, I will be subject to the penalty of perjury, or other sanctions in the discretion of the court.

Date

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Applicant Signature

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Printed Name