

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

Case Name _____

Name: (First & 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:***

| Income | Expenses |
|--|---|
| Your Current Monthly Income | Your monthly household expenses |
| 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 \$ _____ |
| Total Monthly Income \$ _____ | Child Support \$ _____ |
| Total Income in the past 12 months \$ _____ | Auto Loan Payment \$ _____ |
| | Property Taxes \$ _____ |
| | Insurance (health, auto, etc.) \$ _____ |
| | Other Expenses \$ _____ |
| | Total Expenses \$ _____ |

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 | \$ | | |
| | Total Cash Assets | \$ | | |
| 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:

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

Applicant Signature

Printed Name