

Commonwealth of Massachusetts

SUPPLEMENT TO AFFIDAVIT OF INDIGENCEY

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

(Note: If you checked (C) on the AFFIDAVIT OF INDIGENCEY, you must complete this form.)

Court

Case Name and Number (if known)

Name of applicant:

Address: _____
(Street and number)

(City or town)

(State and Zip)

Under the provisions of General Laws, Chapter 261, Sections 27A-27G, I swear or affirm as follows:

1. PERSONAL INFORMATION

(a) Date of Birth:

(b) Highest Grade in School:

(c) Special Training:

(d) List any physical or mental disabilities which you wish to reveal and which affect your earning capacity or living expenses:

(e) Number of Dependents:

2. INCOME AFTER TAXES (monthly)

(a) If from employment, list your occupation and employer's name and address:

(b) Sources of income, if not from employment:

(c) My gross annual income for the past twelve months was: \$

(d) Gross Income (monthly): \$ _____

(e) Taxes Deducted (monthly):

Federal Tax \$ _____

State Tax \$ _____

Social Security \$ _____

Medicare \$ _____

Other Taxes (*specify*) \$ _____

Total Taxes Deducted \$ _____

(f) Total Income After Taxes (*subtract 2(e) from 2(d)*): \$ _____

(g) If any other member of your household is employed, list occupation and name and address of his/her employer and monthly income after taxes:

3. NET INCOME (monthly)

(a) Income After Taxes (*from line 2(f)*): \$ _____

(b) Expenses (monthly):

Rent or Mortgage \$ _____ Uninsured Medical Expenses \$ _____

Food \$ _____ Child Care \$ _____

Electricity \$ _____ Education Expenses for Children \$ _____

Gas \$ _____ Child Support \$ _____

Oil \$ _____ Clothing \$ _____

Water \$ _____ Laundry/Cleaning \$ _____

Telephone \$ _____ Car Insurance \$ _____

Health Insurance \$ _____ Transportation Expenses \$ _____

Other (*specify*): \$ _____

Total Expenses \$ _____

(c) Income After Taxes Minus Expenses (monthly) (*subtract 3(b) from 3(a)*): \$ _____

4. ASSETS

(a) Own Home? Yes No

Market Value \$ _____ Balance Owed \$ _____

(b) Own Car? Yes No

Year & Make _____

Market Value \$ _____ Balance Owed \$ _____

(c) Bank Accounts (specify type and balance)

(d) Other Property including Real Estate (specify type and value)

5. DEBTS

(a) Specify:

6. MISCELLANEOUS

(a) Other facts which may be relevant to your ability to pay fees and costs?

Signed under the penalties of perjury: Signature: x _____

Type/Printed Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Date signed: _____

By order of the Supreme Judicial Court, all information in this affidavit is CONFIDENTIAL. Except by special order of a court, it shall not be disclosed to anyone other than authorized court personnel, the applicant, applicant's counsel or anyone authorized in writing by the applicant.

This form prescribed by the Chief Justice of the SJC pursuant to G.L. c. 261, § 27B. Promulgated March , 2003.
Fillable PDF created August 2013.