AFFIDAVIT OF INDIGENCY

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

(Note: If you are currently confined in a prison or jail and are not seeking immediate release under G.L. c. 248 §1, but you are suing correctional staff and wish to request court payment of "normal" fees (for initial filing and service), do not use this form. Obtain separate forms from the clerk.)

Court	Case Name and Number (if known)	
Name of applicant:		
Address:		
(Street and number)	(City or town)	(State and Zip)
SECTION 1: Under the provisions of General La I AM INDIGENT in that (check or	ws, Chapter 261, Sections 27A-27G, I swally one):	ear (or affirm) as follows:
(A) I receive public assistance under (check form	m of public assistance received):	
☐ Transitional Aid to Families with Deper	, _	nid (MassHealth)
☐ Emergency Aid to Elderly, Disabled or		mental Security Income (SSI)
Massachusetts Veterans Benefits Progra	nms; or	
(B) My income, less taxes deducted from my pa		eekly month year
(check the period that applies) for a househ-		
which income is at or below the court system of various sizes must be posted in this courth http://www.mass.gov/courts/sjc/docs/poverty	ouse. If you cannot find it, ask the clerk o	or check online at:
(List any other available household income	for the checked period on this line: \$); or
(C) I am unable to pay the fees and costs of this or my dependents of the necessities of life, in		ut depriving myself

IF YOU CHECKED (C), YOU MUST ALSO COMPLETE THE <u>SUPPLEMENT TO THE AFFIDAVIT OF INDIGENCY</u>.

filing this request. A supplementary request may be filed at a later time, if necessary.) I request that the following NORMAL FEES AND COSTS be waived (not charged) by the court, or paid by the state, or that the court order that a document, service or object be substituted at no cost (or a lower cost, paid for by the state): (Check all that apply and, in any "\$ "blank, indicate your best guess as to the cost, **if known**.) Filing fee and any surcharge. \$ Filing fee and any surcharge for appeal. \$ Fees or costs for serving court summons, witness subpoenas or other court papers. \$ Other fees or costs of \$ for (specify): Substitution (specify): SECTION 3: I request that the following EXTRA FEES AND COSTS either be waived (not charged), substituted or paid for by the state: \square Cost, \$, of expert services for testing, examination, testimony or other assistance (specify): \square Cost, \$, of taking and/or transcribing a deposition of (specify name of person): Cassette copies of tape recording of trial or other proceeding, needed to prepare appeal for applicant **not** represented by Committee for Public Counsel Services (CPCS-public defender). ☐ Appeal bond Other fees and costs, \$, for (specify): Substitution (specify) Date signed Signed under the penalties of perjury 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.

(Note: In completing this form, please be as specific as possible as to fees and costs known at the time of

SECTION 2: