

APPLICATION TO WAIVE FILING FEES AND SERVICE COSTS

State of Vermont Vermont Superior Court	Division	Unit	Docket Number
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Name	First	Last	Others Living with You (include adults and children)
Street Address			
Town/City		State	Zip
Telephone Number			
Date of Birth	Social Security Number		Total Number in Household (including Yourself)

EMPLOYMENT

Are you employed? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, fill in employer's name(s) and address(es)	Employer(s) Name(s) and Address(es) :
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INCOME

Do you receive Public Assistance? (including TANF/Reach UP; SSI, General Assistance)	Yes	No
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do Any Family Members Living With You Receive Public Assistance	<input type="checkbox"/>	<input type="checkbox"/>
Current Monthly Income		
	You	Other Household Members Living With You
Gross Income from Wages	\$ _____	\$ _____
Self Employment/Business Income (other than wages)	\$ _____	\$ _____
Unemployment Compensation	\$ _____	\$ _____
Child Support	\$ _____	\$ _____
Public Assistance	\$ _____	\$ _____
Other Income (Including Disability Insurance and Social Security)	\$ _____	\$ _____
Total Income	\$ _____	\$ _____
Total Monthly Income (Your income plus Household members)	\$ _____	
Total Income in the past 12 months	\$ _____	
Is your income in the last 30 days significantly different from your monthly income during the previous year	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If YES, please explain the circumstances on the next page.		

EXPENSES

If <u>all</u> adults living with you receive public assistance, it is not necessary to fill out the Expenses section below.	
Otherwise, enter your monthly household expenses	
Rent or Mortgage Pmt.	\$ _____
Electric Service	\$ _____
Phone	\$ _____
Fuel (heat and/or gas)	\$ _____
Food	\$ _____
Clothing	\$ _____
Medical	\$ _____
Child Support	\$ _____
Auto Loan Payments	\$ _____
Property Taxes	\$ _____
Insurance(Incl. Health, Auto, etc)	\$ _____
Other Expenses	\$ _____
Total Expenses	\$ _____

Cash Assets

Cash On Hand	\$ _____
Checking Account	\$ _____
Savings Account	\$ _____
Total Cash Assets	\$ _____

Fair Market Value
Outstanding Mortgage
Net Value

Other Assets

Real Estate (Location)	Auto (Make , Model, Yr)
\$ _____	\$ _____
\$ _____	\$ _____
\$ _____	\$ _____

Additional Assets:

I have additional assets: Yes <input type="checkbox"/> No <input type="checkbox"/>					If Yes, describe them below				
Vehicles	Make, Model, Year	Fair Market Value (FMV)	Amount Owed	Net value					
		\$ _____	\$ _____	\$ _____					