

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: _____ / Phone Number: _____

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