STATE OF WISCONSIN, CIRCUIT COUR	Т,		For Official Use	
	Petition for V Fees and C Affidavit of I and Or	Costs - ndigency		
	Case No			
UNDER OATH, I STATE THAT because of	of poverty, I am unable to pay 🗌 any fi	ling and service		
this action, proceeding, or appeal, or to give a copy of my pleading in this matter.	e security for those fees, and request	waiver of those	, in e fees. I am attaching	
	f you receive aid from any of the not receive aid, complete Section 2		sted.	
 Food stamps/FoodShare. Benefits for veterans under §45.40 Legal representation from a civil leg Name of program: Other means-tested public assistant My financial situation has 	al services program or a volunteer attorney ce: as not changed since I became eligible d such changes would make you ineligil	/ program based		
 2. I am annot employed. Name of employer:				
 4. I receive gross monthly income totalin Pension Disability Student loans/g 	g the amount of \$ from Unemployment compens rants D Other:	ation		
 5. I have the following cash assets: Savings accounts: \$ Checking accounts: \$ 	Cash: Money owed me	\$: \$		
 6. I have the following other assets: Vehicle-Yr./Make: Vehicle-Yr./Make: Other individual assets valued over 	\$ Househ \$ Equity i er \$200 each:	nold furnishings n real estate:	s: \$ \$ \$	
7. My household consists of myself and _ Full name: Full name: Full name: Full name: Full name:	Relationship to me: Relationship to me: Relationship to me: Relationship to me:	Under age Under age Under age Under age Under age	e 18YesNo e 18YesNo e 18YesNo e 18YesNo e 18YesNo	

CV-410, 02/11 Petition for Waiver of Fees and Costs - Affidavit of Indigency and Order
This form shall not be modified. It may be supplemented with additional material.
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Petition for Waiver of Fees and Costs - Affidavit of Indigency and Order	Page 2 of 2 Case No.
8. The other members of my household have gross month Wages Social security Relief funded Pension Student loans/grants Unemployn Disability Relief funded under §59.53(21), Wisco Other:	hly income totaling the amount of \$ from ed under public assistance Food stamps/FoodShare nent compensation Supplemental security income onsin Statutes Support/maintenance
b. Auto loan \$ c. Credit cards \$	Monthly Payment:
10. I have the following unusual expenses, other than ordin	nary living expenses:
State of County of Subscribed and sworn to before me on	I understand that if my financial situation changes, I must notify the court immediately.
Notary Public/Court Official	Signature
	Address
Name Printed or Typed My commission/term expires:	Date
service fees. The petitioner may be required to pay petitioner has the ability to pay.	eriff shall serve all necessary documents without payment of filing and services fees if the court later determines the The petitioner may be required to
	petitioner is not indigent, but is currently not able to pay filing or and all necessary documents may be served by the sheriff without er than
	egation of poverty to be untrue. efense, or appeal upon which the court may grant relief:
THIS IS A FINAL ORDER FOR PURPOSES OF AP	PPEAL IF SIGNED BY A CIRCUIT COURT JUDGE. BY THE COURT:
DISTRIBUTION: 1. Original: Clerk of Circuit Court	Circuit Court Judge Circuit Court Commissioner
	Date
CV-410, 02/11 Patition for Waiver of Fees and Costs - Affidavit of Indigency and Ord	for 88757 675(3) 757 69(2m) and 814 29. Wisconsin Statutes