## APPLICATION FOR WAIVER OF FEES/APPOINTMENT OF COUNSEL

FAMILY, CIVIL, HOUSING

**TO: THE SUPERIOR COURT** 

JD-FM-75 Rev. 3-2000 C.G.S. § 46b-231, P.A. 99-119 P.B. §§ 8-2, 25-63

INSTRUCTIONS TO APPLICANT

- 1. Print or type all information requested.
- 2. Sign the Financial Affidavit section in front of a court clerk, a notary public or an attorney.3. Bring this form to the superior court where
- your case will be filed or is pending.

  4. If your application for fees payable to the court
- or for costs of service of process is denied, you may request a hearing on the application.

SUPERIOR COURT

www.jud.state.ct.us

STATE OF CONNECTICUT

INSTRUCTIONS TO CLERK

- Bring completed form to a judge or, if applicable, to a family support magistrate.
   If the application is granted, notify the applicant and counsel, if appointed.
- 3. If the application for fees payable to the court or for costs of service of process is denied, and upon the request of the applicant, schedule a hearing on the application.

NAME OF APPLICANT (Last, first, middle initial)	ADDRESS OF AP	PLICANT (No., street, town, st	Т	TELEPHONE (Area code first)						
NAME OF CASE		DOCKET NO	DOCKET NO. (If applicable)							
Judicial Housing G.A. No.	ADDRESS	OF COURT								
TYPE OF PROCEEDING  CONTEMPT APPLICATION FOR RELIEF FROM ABUSE DISSOLUTION OF MARRIAGE/DIVORCE MOTION TO OPEN OR MODIFY OTHER (Specify): CIVIL										
		FEE WAIVER								
I request that the court waive or have the St	ate pay the fee	s indicated below. ("X" a	all that apply)							
□ ENTRY FEE □ FILING FEE □ SHERIFF'S FEE □ OTHER (Specify):										
APPOINTMENT OF COUNSEL										
(Applicable only in a contempt proceeding or to the putative father in a paternity proceeding.)										
I request that the court appoint counsel to represent me.										
FINANCIAL AFFIDAVIT										
I. DEPENDENTS		IV. ASSETS								
Total No. of Dependents (not including your	self)		ESTIMATED VALUE	LOAN BALAN		EQUITY				
II. MONTHLY INCOME		A. Real Estate			RE	AL ESTATE				
A Cross monthly income		B. Motor Vehicles			MC	OTOR VEHICLE				
A. Gross monthly income (before deductions)					OT	HER PROPERTY				
B. Net monthly income after taxes from monthly employment		C. Other Personal Property			0.	TIERT NOT ERRY				
C. Other income (i.e., TANF, Social Security, etc.) (Specify source)		D. Savings Account Balance (Total of all accounts)				VINGS				
Source:	D. Savings Account Balance (Total of all accounts)									
TOTAL MONTHLY INCOME (B+C)	MONTHLY INCOME (B+C)  E. Checking Account Balance (Total of all accounts)									
F. Other Assets (Specify):										
III. MONTHLY EXPENSES										
A. Rent/Mortgage		TOTAL ASSETS								
B. Real Estate Taxes		V. LIABILITIES/DEBTS (Do not include mortgage or loan balances								
C. Utilities (Telephone, heat, electric, water, gas, etc.)		that are listed under "Assets".)								
D. Food		TYPE	OF DEBT	AMOUNT C	OWED	MONTHLY PAYMENT				
E. Clothing						PATMENT				
F. Insurance Premiums (Med./Dental, Auto, Life, Home)										
G. Medical/Dental										
H. Transportation										
I. Child Care										
J. Other (Specify):										
TOTAL MONTHLY EXPENSES										
		TO	OTAL LIABILITIES							

I certify that the foregoing information is accurate to the best of my knowledge and that I can, if requested, document all income, expenses, and liabilities listed on the front/page 1.

## NOTICE ►

Any false statement made by you under oath which you do not believe to be true and which is intended to mislead a public servant in the performance of his or her official function may be punishable by a fine and/or imprisonment.

SIGNED (Applicant)	PRINT NAME O	PRINT NAME OF PERSON SIGNING AT LEFT							
X									
SUBSCRIBED AND SWORN TO BEFORE ME:	SUBSCRIBED AND SWORN ON (Date) SIGNED (Notary Public, Commissioner of the Superior Court, Assistant Clerk) TO BEFORE ME:								
		ORDER							
The Court, having found the applitude the application:  GRANTED as follows:  1. The following fees are was a second to the course of the cours	_	ENT AND UNA		OTHER (Specify:)	ŕ				
2. The following fees are ordered paid by the State SHERIFF'S FEE NOT TO EXCEED\$									
☐ OTHER (Specify:)									
3. Counsel is NOT APPOINTED APPOINTED (Name):									
<ul> <li>□ DENIED because the applicant does not face potential incarceration.</li> <li>□ DENIED.</li> </ul>									
BY THE COURT (Print or type name of Judge/F	Fam. Sup. Magistrate) O	N (Date)	SIGNED (Judge, FSM, A	ss't Clerk)	DATE SIGNED				
The following section applies only to a <u>denial</u> of the application for waiver of fees payable to the court or for the costs of service of process. It does not apply to parenting education.  REQUEST FOR HEARING ON DENIED APPLICATION									
☐ I request a court hearing on the application.									
X									
SIGNED (Applicant)		DATE SIGNED							
HEARING TO BE HELD AT T	HE COURT LOCATION	N SHOWN ON FRO	NT/PAGE 1 ON THE	DATE AND TIME SHOW	N BELOW:				
HEARING ON (Date)  AT (Time)			SIGNED (Assistant Clerk)						
		DED 45750 II	E A DINIO						
	ÜR	DER AFTER H	EARING						
The Court, having found the applicant $\ \square$ INDIGENT AND UNABLE TO PAY $\ \square$ NOT INDIGENT hereby orders the application:									
☐ GRANTED as follows:									
☐ 1. The following fees are waived ☐ ENTRY FEE ☐ FILING FEE ☐ OTHER (Specify:)									
☐ 2. The following fees are ordered paid by the State ☐ SHERIFF'S FEE NOT TO EXCEED\$									
☐ OTHER (Specify:) ☐ DENIED.									
BY THE COURT (Print or type name of Judge/F	FSM) O	N (Date)	SIGNED (Judge, FSM, A	ss't Clerk)	DATE SIGNED				