

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 Laws, Chapter 261, Sections 27A-27G, I swear (or affirm) as follows:
I AM INDIGENT in that *(check only one)*:

- (A) I receive public assistance under Transitional Aid to Families with Dependent Children (TAFDC), Emergency Aid to Elderly, Disabled or Children (EAEDC), Supplemental Security Income (SSI), Medicaid (MassHealth) or Massachusetts Veterans Benefits Programs; *(circle form of public assistance received)*; **or**
- (B) My income, less taxes deducted from my pay, is \$ _____ per week/month/year *(circle period that applies)*, for a household of _____ persons, consisting of myself and _____ dependents; which income is at or below the court system's poverty level; *(Note: The court system's poverty levels for households of various sizes must be posted in this courthouse. If you cannot find it, ask the clerk. The court system's poverty level is updated each year.)* [List any other available household income for the circled period on this line: _____) **or**
- (C) I am unable to pay the fees and costs of this proceeding, or I am unable to do so without depriving myself or my dependents of the necessities of life, including food, shelter and clothing.

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

SECTION 2: *(Note: In completing this form, please be as specific as possible as to fees and costs known at the time of 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:

Cost, \$ _____, of expert services for testing, examination, testimony or other assistance (specify): _____

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

Cost, \$ _____, of preparing written transcript of trial or other proceeding

Other fees and costs, \$ _____, for (specify) _____

Substitution (specify) _____

Date signed	Signed under the penalties of perjury x _____
-------------	--

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

SUPPLEMENT TO AFFIDAVIT OF INDIGENCY

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

(Note: If you checked (C) on the AFFIDAVIT OF INDIGENCY, you must complete this form.)

_____ Court _____ Case Name and Number (if known)

Name of applicant _____

Address _____
(Street and number) (City or town) (State and Zip)

Under the provisions of General Laws, Chapter 261, Sections 27A-G, I swear or affirm as follows:

1. PERSONAL INFORMATION

(a) Date of Birth: _____

(b) Highest Grade Attained in School: _____

(c) Special Training: _____

(d) List any physical or mental disabilities which you wish to reveal and which affect your earning capacity or living expenses:

(e) Number of Dependents: _____

2. INCOME AFTER TAXES (monthly):

(a) If from employment, list your occupation and your employer's name and address:

(b) Source of income, if not from employment: _____

(c) My gross annual income for the past twelve months was: \$ _____

(d) Gross Income (monthly): \$ _____

(e) Taxes Deducted (monthly):

Federal Tax \$ _____

State Tax \$ _____

Social Security \$ _____

Medicare \$ _____

Other Taxes (specify) \$ _____

Total Taxes Deducted \$ _____

(f) Total Income After Taxes (subtract 2(e) from 2(d)): \$ _____

(g) If any other member of your household is employed, list occupation and name and address of his/her employer and monthly income after taxes: _____

3. NET INCOME (monthly):

(a) Income After Taxes (from Line 2(f)): \$ _____

(b) Expenses (monthly):

Rent or Mortgage \$ _____ Uninsured Medical Expenses \$ _____

Food \$ _____ Child Care \$ _____

Electricity \$ _____ Education Expenses for Children \$ _____

Gas \$ _____ Child Support \$ _____

Oil \$ _____ Clothing \$ _____

Water \$ _____ Laundry/Cleaning \$ _____

Telephone \$ _____ Car Insurance \$ _____

Health Insurance \$ _____ Transportation Expenses \$ _____

Other (specify): \$ _____

Total Expenses \$ _____

(c) Income After Taxes Minus Expenses (monthly) (subtract 3(b) from 3(a)): \$ _____

4. ASSETS

(a) Own home? _____ Market Value \$ _____

Balance owed \$ _____

(b) Own Car? _____ Year & Make _____

Market Value \$ _____ Balance Owed \$ _____

(c) Bank Accounts (specify type and balance) _____

(d) Other Property Including Real Estate (specify type and value) _____

5. DEBTS

(a) Specify: _____

6. MISCELLANEOUS

(a) Other facts which may be relevant to your ability to pay fees and costs?

Signed under the penalties of perjury:

Signature: _____

Type/Printed Name: _____

Address: _____

Date: _____

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

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.)

Probate + Family Court Jane Doe v. John Doe
 (Filed) Case Name and Number (if known)

Name of applicant JANE DOE

Address 100 MAIN STREET ANYWHERE, MA 01011
 (Street and number) (City or town) (State and Zip)

SECTION 1: Under the provisions of General Laws, Chapter 261, Sections 27A-27G, I swear (or affirm) as follows:
I AM INDIGENT in that (check only one):

- (A) I receive public assistance under Transitional Aid to Families with Dependent Children (TAFDC), Emergency Aid to Elderly, Disabled or Children (EAEDC), Supplemental Security Income (SSI), Medicaid (MassHealth) or Massachusetts Veterans Benefits Programs; (circle form of public assistance received); or
- (B) My income, less taxes deducted from my pay, is \$ _____ per week/month/year (circle period that applies), for a household of _____ persons, consisting of myself and _____ dependents; which income is at or below the court system's poverty level; (Note: The court system's poverty levels for households of various sizes must be posted in this courthouse. If you cannot find it, ask the clerk. The court system's poverty level is updated each year.) [List any other available household income for the circled period on this line: _____] or
- (C) I am unable to pay the fees and costs of this proceeding, or I am unable to do so without depriving myself or my dependents of the necessities of life, including food, shelter and clothing.

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

SECTION 2: (Note: In completing this form, please be as specific as possible as to fees and costs known at the time of 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. \$ 150.00
- Filing fee and any surcharge for appeal. \$ _____
- Fees or costs for serving court summons, witness subpoenas or other court papers. \$ 25.00

Other fees or costs of \$ 10.00 for (specify): copies of must papers

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:

Cost, \$ _____, of expert services for testing, examination, testimony or other assistance (specify):

Cost, \$ 50.00, of taking and/or transcribing a deposition of (specify name of person): CRASSING PART 1's
SUER -- Marge Doe

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

Cost, \$ 26.00, of preparing written transcript of trial or other proceeding

Other fees and costs, \$ _____, for (specify) _____

Substitution (specify) _____

Date signed	Signed under the penalties of perjury
5/2/03	x <u>Jane Doe</u>
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	

SUPPLEMENT TO AFFIDAVIT OF INDIGENCY

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

(Note: If you checked (C) on the AFFIDAVIT OF INDIGENCY, you must complete this form.)

FAMILY + PROBATE JANE Doe v. John Doe
(Plaintiff) Court Case Name and Number (if known)

Name of applicant JANE Doe

Address 100 MAIN street ANYWHERE, -MA 01011
(Street and number) (City or town) (State and Zip)

Under the provisions of General Laws, Chapter 261, Sections 27A-G, I swear or affirm as follows:

1. PERSONAL INFORMATION

- (a) Date of Birth: 10/10/74
- (b) Highest Grade Attained in School: 10th grade
- (c) Special Training: HAIRDRESSER
- (d) List any physical or mental disabilities which you wish to reveal and which affect your earning capacity or living expenses:

NONE

- (e) Number of Dependents: 2

2. INCOME AFTER TAXES (monthly):

- (a) If from employment, list your occupation and your employer's name and address:

- (b) Source of income, if not from employment: TAFFDC, food stamps (\$20.00/mo)

- (c) My gross annual income for the past twelve months was: \$ 850.00

- (d) Gross Income (monthly): \$ 70.83
- (e) Taxes Deducted (monthly):
- | | |
|-----------------------|----------------|
| Federal Tax | \$ <u> </u> |
| State Tax | \$ <u> </u> |
| Social Security | \$ <u> </u> |
| Medicare | \$ <u> </u> |
| Other Taxes (specify) | \$ <u> </u> |
- Total Taxes Deducted \$ 0
- (f) Total Income After Taxes (subtract 2(e) from 2(d)): \$ 70.83
- (g) If any other member of your household is employed, list occupation and name and address of his/her employer and monthly income after taxes: _____

3. NET INCOME (monthly):

(a) Income After Taxes (from Line 2(f)): \$ 70.83

(b) Expenses (monthly):

Rent or Mortgage	\$ <u> </u>	Uninsured Medical Expenses	\$ <u> </u>
Food	\$ <u>50.00</u>	Child Care	\$ <u>20.00</u>
Electricity	\$ <u>20.00</u>	Education Expenses for Children	\$ <u> </u>
Gas	\$ <u> </u>	Child Support	\$ <u> </u>
Oil	\$ <u> </u>	Clothing	\$ <u>10.00</u>
Water	\$ <u> </u>	Laundry/Cleaning	\$ <u>10.00</u>
Telephone	\$ <u>10.00</u>	Car Insurance	\$ <u> </u>
Health Insurance	\$ <u> </u>	Transportation Expenses	\$ <u>10.00</u>

Other (specify): \$ diapers: 20.00/mo

Total Expenses \$ 140.00

(c) Income After Taxes Minus Expenses (monthly) (subtract 3(b) from 3(a)): \$ -69.17

4. ASSETS

(a) Own home? NO Market Value \$ —

Balance owed \$ —

(b) Own Car? NO Year & Make —

Market Value \$ — Balance Owed \$ —

(c) Bank Accounts (specify type and balance) —

Checking Account, \$ 150.00

(d) Other Property Including Real Estate (specify type and value) NO

5. DEBTS

(a) Specify: Credit Card, VISA, \$ 246.00

6. MISCELLANEOUS

(a) Other facts which may be relevant to your ability to pay fees and costs?

I am a single mother raising two small children. I am currently not working but am looking for a job.

Signed under the penalties of perjury:

Signature: Jane Doe

Type/Printed Name: JANE DOE

Address: 100 main street

Date: anywhere, ma 01011

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

DETERMINATION REGARDING FEES AND COSTS

Probate & Family
Court

Jane Doe v. John Doe
Case Name and Number

Name of Applicant Jane Doe

Address 100 Main Street Anywhere, MA 01011
(Street and number) (City of Town) (State and Zip)

FORTHWITH DETERMINATION BY CLERK (Register, Recorder)

ALLOWED FORTHWITH. The applicant's affidavit appears regular and complete on its face, indicates that the applicant is indigent, and requests waiver, substitution or payment by the Commonwealth of normal fees and costs only. Pursuant to G. L. c. 261, § 27C(2), the application is therefore **ALLOWED** forthwith without hearing, and the normal fees and costs indicated in the application are:

waived in full to be paid by the Commonwealth in the amount of \$

REFERRED TO A JUDGE. The applicant's affidavit does not satisfy all the conditions of § 27C(2), and is therefore referred to a judge pursuant to § 27C(3), because:

The affidavit is not regular and complete on its face.

The affidavit does not indicate that the applicant is indigent within the meaning of § 27A.

The affidavit requests waiver, substitution or payment by the Commonwealth of **extra** fees and costs.

Comments:

Describe fees and costs waived:

Date Clerk-Magistrate/ Assistant Clerk (register, recorder/assistant)

X

DETERMINATION BY JUDGE after hearing without hearing

NORMAL FEES AND COSTS

The application is **ALLOWED** with respect to the normal fees and costs indicated in the application, and they are ordered:

waived in full. to be paid by the Commonwealth in the amount of \$_____.

waived in part. I find that it is within the applicant's limited financial means to pay a reduced amount of \$_____.

to be avoided by the provision of _____ to the applicant, pursuant to § 27F, as an alternative which is available at lower or no cost, is substantially equivalent and does not materially impair the rights of any party.

The application is **DENIED** with respect to the normal fees and costs indicated in the application, because I find that:

The applicant is not indigent within the meaning of § 27A.

Other:

Describe normal fees and costs waived:

EXTRA FEES AND COSTS

The application is **ALLOWED** with respect to the extra fees and costs indicated in the application, and they are ordered:

waived in full. to be paid by the Commonwealth in the amount of \$_____.

waived in part. I find that it is within the applicant's limited financial means to pay a reduced amount of \$_____.

to be avoided by the provision of _____ to the applicant, pursuant to § 27F, as an alternative which is available at lower or no cost, is substantially equivalent and does not materially impair the rights of any party.

The application is **DENIED** with respect to the extra fees and costs indicated in the application, because I find that:

The applicant is not indigent within the meaning of § 27A.

The document, service or object is not reasonably necessary to assure the applicant as effective a prosecution, defense or appeal as if the applicant were financially able to pay.

Other:

Describe extra fees and costs waived:

Date

Judge

X

The applicant may appeal denial of this application by filing a notice of appeal with the clerk (register, recorder) of this court within 7 days from notice of denial.