

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