

**APPLICATION FOR WAIVER OF
FEES/APPOINTMENT OF COUNSEL
FAMILY**

JD-FM-75 Rev. 7-11
C.G.S. §§ 46b-231, 52-259b
P.B. §§ 8-2, 25-63

This form must be used only for family and family support magistrate matters. For civil, housing and small claims matters, use form JD-CV-120.

To: The Superior Court

Instructions to person asking to have the fees waived or for appointment of an attorney (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 ask for a hearing on the application.

Instructions to Clerk

1. Bring completed form to a judge or, if applicable, to a family support magistrate.
2. 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.

STATE OF CONNECTICUT
SUPERIOR COURT
www.jud.ct.gov

| | |
|--------------|-------------------------------|
| Name of case | Docket number (If applicable) |
|--------------|-------------------------------|

| | |
|-------------------|------------------|
| Judicial District | Address of court |
|-------------------|------------------|

| | | |
|---|--|-----------------------------|
| Name of applicant (Last, first, middle initial) | Address of applicant (Number, street, town, state and zip) | Telephone (Area code first) |
|---|--|-----------------------------|

| | | | |
|--------------------|--|--|---|
| Type of proceeding | <input type="checkbox"/> Contempt | <input type="checkbox"/> Motion to Open or Modify | <input type="checkbox"/> Other (Specify): |
| | <input type="checkbox"/> Dissolution of Marriage (Divorce) | <input type="checkbox"/> Application for Custody and/or Visitation | |
| | <input type="checkbox"/> Dissolution of Civil Union | <input type="checkbox"/> Paternity | |

Fee Waiver

I ask that the court order that I do not have to pay fees or costs or order the State to pay the fees and costs below. ("X" all that apply)

- ☐ Entry fee (fee to file case) ☐ Costs of service of process (delivery of papers by state marshal or other proper officer)
☐ Filing fee (fee to file motion, etc.) ☐ Costs for participating in parenting education under C.G.S. § 46b-69b
☐ Other (For example costs of notice by publication or for a certified copy of judgment, etc.) (Specify):

Appointment of Counsel (This applies only in a contempt proceeding or to the putative father in a paternity proceeding.)

☐ I ask that the court appoint an attorney to represent me.

Financial Affidavit

1. Dependents

Total number of dependents (not including yourself)

2. Monthly Income

- A. Gross monthly income (before deductions)
B. Net monthly income after taxes from monthly employment
C. Other income (for example, TANF, Social Security, child support, alimony, etc.) (Specify which one(s) here):

Total Monthly Income (B+C)*

3. Monthly Expenses

- A. Rent/Mortgage
B. Real Estate Taxes
C. Utilities (telephone, fuel heat, electric, water, gas, cable, etc.)
D. Food (less SNAP (food stamps), if any)
E. Clothing
F. Insurance Premiums (medical/dental, auto, life, home)
G. Medical/Dental
H. Transportation (bus, gasoline, etc.)
I. Child Care
J. Other (medical, dental, child support paid, alimony paid, etc.) (Specify):

Total Monthly Expenses*

4. Assets

A. Real Estate

B. Motor Vehicles....

C. Other Personal Property

(for example, jewelry, furniture, etc.)

D. Savings Account Balance (Total of all accounts)

E. Checking Account Balance (Total of all accounts)

F. Cash.....

G. Other Assets (Specify):

Total Assets

5. Liabilities/Debts (for example, credit card balances, loans, etc. Do not include mortgage or loan balances that are listed under "Assets".)

| Type of Debt | Amount Owed | Monthly Payment |
|--------------------------|-------------|-----------------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| Total Liabilities | | |

* If you claim zero Total Monthly Income or Expenses, explain how you are supported:

I certify that the information on page 1 is true and accurate to the best of my knowledge and that I can, if asked, document all income, expenses, and liabilities listed on 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 of person signing at left | Date signed |
| Subscribed and sworn to before me: | On (Date) | Signed (Notary Public, Commissioner of the Superior Court, Assistant Clerk) | |

Order

The Court, having found the applicant ("X" all that apply): ☐ Not indigent ☐ Indigent **and** unable to pay ☐ Indigent **or** unable to pay for parenting education program under C.G.S. § 46b-69b,

hereby orders the application:

- ☐ Granted as follows:
- The following costs are ordered paid by the State
☐ Costs of service of process not to exceed: \$ _____
☐ Other (Specify): _____
 - The following fees are waived ☐ Entry fee ☐ Filing fee
☐ Other (Specify): _____
 - ☐ All costs for participation in a parenting education program shall be covered by the service provider pursuant to C.G.S. § 46b-69b, because the applicant is found indigent or unable to pay.
 - Counsel is ☐ Appointed (Name): _____
- ☐ Denied. If denied only in part, specify: _____
- ☐ Counsel is not appointed because the applicant does not face potential incarceration.

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|---|-----------|--------------------------------------|-------------|
| By the Court (Print or type name of Judge/Fam. Sup. Magistrate) | On (Date) | Signed (Judge, FSM, Assistant Clerk) | Date signed |
|---|-----------|--------------------------------------|-------------|

Request For Hearing On Denied Application

The following section applies only to a **denial** of the application for waiver of fees payable to the court or for the costs of service of process. It does not apply to applications for fee waiver for parenting education or to appointment of counsel.

☐ I request a court hearing on the application.

► _____
Signed (Applicant) Date signed

| Hearing to be held at the Court location shown on page 1 on the date and time shown below: | | | |
|--|-----------|-------------|--------------------------|
| Hearing on (Date) | At (Time) | Room number | Signed (Assistant Clerk) |

Order After Hearing

The Court, having found the applicant ☐ Indigent and unable to pay ☐ Not indigent hereby orders the application:

- ☐ Granted as follows:
- The following costs are ordered paid by the State
☐ Costs of service of process not to exceed \$ _____
☐ Other (Specify): _____
 - The following fees are waived ☐ Entry fee ☐ Filing fee
☐ Other (Specify): _____
- ☐ Denied for the following reason(s): _____

| | | | |
|--|-----------|--------------------------------------|-------------|
| By the Court (Print or type name of Judge/FSM) | On (Date) | Signed (Judge, FSM, Assistant Clerk) | Date signed |
|--|-----------|--------------------------------------|-------------|