

**APPLICATION FOR WAIVER OF FEES/APPOINTMENT OF COUNSEL**  
 FAMILY, CIVIL, HOUSING

JD-FM-75 Rev. 9-06  
 C.G.S. §§ 46b-231, 52-259b  
 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.

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

- 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.

**TO: THE SUPERIOR COURT**

NAME OF CASE: **Joan Smith v. Jack Smith** DOCKET NO. (If applicable): **FA-06-000000**

Judicial District  Housing Session  G.A. No.  ADDRESS OF COURT (enter address of court): **555 Main St., Hartford, CT 06106**

NAME OF APPLICANT (Last, first, middle initial): **Joan P. Smith** ADDRESS OF APPLICANT (No., street, town, state and zip): **555 Main St., Hartford, CT 06106** TELEPHONE (Area code first):

TYPE OF PROCEEDING

CONTEMPT  MOTION TO OPEN OR MODIFY  OTHER (Specify):

DISSOLUTION OF MARRIAGE/DIVORCE  CIVIL

DISSOLUTION OF CIVIL UNION  APPL. FOR CUSTODY AND/OR VISITATION

HOUSING  PATERNITY

**FEE WAIVER**

I request that the court waive or have the State pay the fees indicated below. ("X" all that apply)

ENTRY FEE  FILING FEE  STATE MARSHAL'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**

Total No. of Dependents (not including yourself) **3**

**II. MONTHLY INCOME**

A. Gross monthly income (before deductions).....	<b>\$250.00</b>
B. Net monthly income after taxes from monthly employment.....	<b>\$200.00</b>
C. Other income (i.e., TANF, Social Security, etc.) (Specify source).....	<b>\$543.00</b>

Source: **TFA**

**TOTAL MONTHLY INCOME (B+C) \$743.00**

**III. MONTHLY EXPENSES**

A. Rent/Mortgage.....	<b>\$550.00</b>
B. Real Estate Taxes.....	<b>\$0.00</b>
C. Utilities (Telephone, heat, electric, water, gas, etc.).....	<b>\$190.00</b>
D. Food.....	<b>\$322.00</b>
E. Clothing.....	<b>\$60.00</b>
F. Insurance Premiums (Medical/Dental, Auto, Life, Home)	<b>\$0.00</b>
G. Medical/Dental.....	<b>\$0.00</b>
H. Transportation (bus, gasoline, etc.)	<b>\$86.00</b>
I. Child Care.....	<b>\$0.00</b>
J. Other (Specify):	<b>\$0.00</b>
<b>TOTAL MONTHLY EXPENSES</b>	<b>\$1,208.00</b>

**IV. ASSETS**

	ESTIMATED VALUE	LOAN BALANCE	EQUITY
A. Real Estate.....	\$0.00	\$0.00	REAL ESTATE \$0.00
B. Motor Vehicles	\$700.00	\$0.00	MOTOR VEHICLE \$700.00
C. Other Personal Property.....	\$0.00	\$0.00	OTHER PROPERTY \$0.00
D. Savings Account Balance (Total of all accounts).....			SAVINGS \$0.00
E. Checking Account Balance (Total of all accounts).....			CHECKING \$0.00
F. Cash .....			CASH \$45.00
G. Other Assets (Specify):.....			OTHER ASSETS \$0.00
<b>TOTAL ASSETS</b>			<b>\$745.00</b>

**V. LIABILITIES/DEBTS (e.g., credit card balances, loans, etc. Do not include mortgage or loan balances that are listed under "Assets".)**

TYPE OF DEBT	AMOUNT OWED	MONTHLY PAYMENT
H. Hospital bill	\$600.00	\$0.00
CL & P	\$500.00	\$50.00
Furniture Store	\$900.00	\$50.00
<b>TOTAL LIABILITIES</b>	<b>\$2,000.00</b>	<b>\$100.00</b>

I certify that the foregoing information is true and 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): **X** PRINT NAME OF PERSON SIGNING AT LEFT (DO NOT SIGN YET): 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  INDIGENT AND UNABLE TO PAY  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  STATE MARSHAL'S FEE NOT TO EXCEED \$ \_\_\_\_\_  OTHER (Specify):
  3. Counsel is  NOT APPOINTED  APPOINTED (Name):
- DENIED because the applicant does not face potential incarceration.  
 DENIED.

BY THE COURT (Print or type name of Judge/Fam. Sup. Magistrate) ON (Date) SIGNED (Judge, FSM, Ass't Clerk) DATE SIGNED

**REQUEST FOR HEARING ON DENIED APPLICATION**

The following section applies only to a denied 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 or to appointment of counsel.

I request a court hearing on the application. Fill in this section if you are denied a fee waiver and you want to appeal that decision.

**X** SIGNED (Applicant) DATE SIGNED

**HEARING TO BE HELD AT THE COURT LOCATION SHOWN ON FRONT/PAGE 1 ON THE DATE AND TIME SHOWN BELOW:**

HEARING ON (Date) AT (Time) ROOM NO. 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:
1. The following fees are waived  ENTRY FEE  FILING FEE  OTHER (Specify):
  2. The following fees are ordered paid by the State  STATE MARSHAL'S FEE NOT TO EXCEED \$ \_\_\_\_\_  OTHER (Specify):
- DENIED.

BY THE COURT (Print or type name of Judge/FSM) ON (Date) SIGNED (Judge, FSM, Ass't Clerk) DATE SIGNED

**NOTE:** When you have completed the Financial Affidavit portion, you must swear to it and sign it before a notary public or an attorney. Do not sign it until you are in front of a notary or an attorney. This part is the certification and is on the back of the form.