

**APPLICATION FOR WAIVER OF FEES/
PAYMENT OF COSTS/APPOINTMENT
OF COUNSEL - FAMILY**

JD-FM-75 Rev. 1-19
C.G.S. §§ 46b-231, 52-259b
P.B. §§ 8-2, 25-63, 63-6

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/was 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.

**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.

Name of case	Docket number (If applicable)
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Judicial District	Address of court
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Name of applicant (Last, first, middle initial)	Address of applicant (Number, street, town, state and zip)	Telephone (Area code first)
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Type of proceeding ("x" all that apply)	<input type="checkbox"/> Contempt	<input type="checkbox"/> Motion to Open or Modify	<input type="checkbox"/> Paternity
	<input type="checkbox"/> Dissolution of Marriage (Divorce)	<input type="checkbox"/> Application for Custody	<input type="checkbox"/> Other (Specify):
	<input type="checkbox"/> Dissolution of Civil Union	<input type="checkbox"/> Application or Petition for Visitation	
	<input type="checkbox"/> Appellate matter (Supreme or Appellate Court)		

Fee Waiver/Payment of Costs

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)

- | | |
|--|--|
| <input type="checkbox"/> Entry fee (fee to file case) | <input type="checkbox"/> Costs of service of process (delivery of papers by state marshal or other proper officer) |
| <input type="checkbox"/> Filing fee (fee to file motion, etc.) | <input type="checkbox"/> Costs for participating in parenting education under C.G.S. § 46b-69b |
| <input type="checkbox"/> Appellate filing fee (Supreme or Appellate Court) | <input type="checkbox"/> Cost of the transcript for appeal |
| <input type="checkbox"/> Other (For example costs of notice by publication or for a certified copy of judgment, etc.) (Specify): _____ | |

Grounds for Appeal

(Complete if requesting waiver of Appellate filing fee (Supreme or Appellate Court) and/or payment of cost of the transcript for appeal.)

The grounds on which I propose to appeal are: _____

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 (another person who is supported by you)

Total number of dependents (not including yourself)

2. Monthly Income

A. Gross monthly income (before deductions)	<input style="width:100%" type="text"/>
B. Net monthly income after taxes from monthly employment	<input style="width:100%" type="text"/>
C. Other income (for example, TANF, Social Security, child support, alimony, etc.) (Specify which one(s) here):	<input style="width:100%" type="text"/>
Total Monthly Income (B+C)	<input style="width:100%" type="text"/>

3. Monthly Expenses

A. Rent/Mortgage	<input style="width:100%" type="text"/>
B. Real Estate Taxes	<input style="width:100%" type="text"/>
C. Utilities (telephone, fuel heat, electric, water, gas, cable, etc.)	<input style="width:100%" type="text"/>
D. Food (less SNAP (food stamps), if any)	<input style="width:100%" type="text"/>
E. Clothing	<input style="width:100%" type="text"/>
F. Insurance Premiums (medical/dental, auto, life, home)	<input style="width:100%" type="text"/>
G. Medical/Dental	<input style="width:100%" type="text"/>
H. Transportation (bus, gasoline, etc.)	<input style="width:100%" type="text"/>
I. Child Care	<input style="width:100%" type="text"/>
J. Other (medical, dental, child support paid, alimony paid, etc.) (Specify):	<input style="width:100%" type="text"/>
Total Monthly Expenses	<input style="width:100%" type="text"/>

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): _____

Estimated Value	Loan Balance	Equity
		Real Estate
		Motor Vehicle
		Other Property
		Savings
		Checking
		Cash
		Other Assets
Total Assets		<input style="width:100%" type="text"/>

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		<input style="width:100%" type="text"/>

Name of case	Docket number <i>(If applicable)</i>
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6. If you claim zero Total Monthly Income in number 2 above or zero Total Monthly Expenses in number 3 above, explain how you are supported:

I certify that the information in this application is true and accurate to the best of my knowledge and that I can, if asked, document all income, expenses, and liabilities listed above.

Notice ► ***Any false statement made by you under oath that you do not believe to be true and that 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 <i>(Applicant)</i>	Print name of person signing at left	Date signed
Subscribed and sworn to before me:	On <i>(Date)</i>	Signed <i>(Notary Public, Commissioner of the Superior Court, Assistant Clerk)</i>

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:

1. The following costs are ordered paid by the State

Costs of service of process not to exceed: \$ _____

Cost of the transcript for appeal in accordance with Practice Book section 63-6.

Other *(Specify)*: _____

2. The following fees are waived Entry fee Filing fee Appellate filing fee (Supreme or Appellate Court)

Other *(Specify)*: _____

3. 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.

4. Counsel is Appointed *(Name)*: _____

Denied. If denied only in part, specify: _____

The application for waiver of the payment of a fee or fees or the cost of service of process is DENIED because the applicant has repeatedly filed actions with respect to the same or similar matters, such filings establish an extended pattern of frivolous filings that have been without merit, the application sought is in connection with an action before the court that is consistent with the applicant's previous pattern of frivolous filings, and the granting of such application would constitute a flagrant misuse of Judicial Branch resources.

Counsel is not appointed because the applicant does not face potential incarceration.

By the Court <i>(Print or type name of Judge/Fam. Sup. Magistrate)</i>	On <i>(Date)</i>	Signed <i>(Judge, FSM, Assistant Clerk)</i>	Date signed
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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 <i>(Date)</i>	At <i>(Time)</i>	Room number	Signed <i>(Assistant Clerk)</i>

Order After Hearing

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

Granted as follows:

1. The following costs are ordered paid by the State

Costs of service of process not to exceed \$ _____

Cost of the transcript for appeal in accordance with Practice Book Section 63-6.

Other (Specify): _____

2. The following fees are waived Entry fee Filing fee Appellate filing fee (Supreme or Appellate Court)

Other (Specify): _____

Denied for the following reason(s): _____

The application for waiver of the payment of a fee or fees or the cost of service of process is DENIED because the applicant has repeatedly filed actions with respect to the same or similar matters, such filings establish an extended pattern of frivolous filings that have been without merit, the application sought is in connection with an action before the court that is consistent with the applicant's previous pattern of frivolous filings, and the granting of such application would constitute a flagrant misuse of Judicial Branch resources.

By the Court (Print or type name of Judge/FSM)

On (Date)

Signed (Judge, FSM, Assistant Clerk)

Date signed

ADA NOTICE

The Judicial Branch of the State of Connecticut complies with the Americans with Disabilities Act (ADA). If you need a reasonable accommodation in accordance with the ADA, contact a court clerk or an ADA contact person listed at www.jud.ct.gov/ADA.