

# INSTRUCTIONS FOR FEE WAIVER

1. After you have completed the fee waiver form, take it to a notary public – the form **must** be notarized.

**NOTE: Make sure your phone number is at the top of the first page.**

2. Take this form to the Family Court Commissioner's office for review.

- A. If you are mailing the form, send it to:

Outagamie County Government Center  
Attn. Family Court Commissioner  
320 S. Walnut Street  
Appleton, WI 54911-5985

Their telephone number is (920) 832-5057. Please call to find out if it's ready to be picked up.

- B. If you are dropping the form off:

You can wait for the Family Court Commissioner to review it if he/she is not in a court hearing. If you leave the waiver at the Family Court Commissioner's office you will need to call (920) 832-5057 or check back the following day.

3. The Family Court Commissioner will indicate on the form whether or not you qualify for a waiver of fees, and if so the amount you are to pay to the Clerk of Courts.

**NOTE: WAIVER IS VOID 90 DAYS AFTER SIGNED BY THE COURT**



8. I have not requested any other waiver of Family Court Services fees except: \_\_\_\_\_  
\_\_\_\_\_
9. The attached financial disclosure statement is true and correct to the best of my knowledge.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

Subscribed and sworn to before me this  
\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public, State of Wisconsin  
My commission expires \_\_\_\_\_

\_\_\_\_\_  
**ORDER**  
\_\_\_\_\_

\_\_\_\_\_ The above request for waiver of Family Court Services fees is denied.

OR

\_\_\_\_\_ The above request for waiver of Family Court Services fees is partially approved.  
\_\_\_\_\_ must pay \$\_\_\_\_\_.

IT IS ORDERED that the Mediation/Study may be commenced immediately.  
Services shall be provided upon payment of the requested fee.

IT IS FURTHER ORDERED that if the Court subsequently determines it is appropriate to recover fees for the services pursuant to Section 814.615, either or both of the parties to this action may be ordered to pay these fees at the conclusion of the action.

Dated this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

BY THE COURT:

\_\_\_\_\_  
Family Court Commissioner

In Re the Marriage/Paternity of:

\_\_\_\_\_  
(Petitioner)  
(Joint Petitioners)

FINANCIAL DISCLOSURE

-and-

Case No. \_\_\_\_\_

\_\_\_\_\_  
(Respondent)

**NOTE:** This statement must be filed with the Family Court Commissioner before or at the time of the hearing. Failure by either party to complete, present, and file this form as required will authorize the Court or Hearing Officer to accept the statement of the other party as the basis for its decision. Any false statement made hereon shall subject you to the penalty for perjury and may be considered a fraud upon the Court.

Husband: _____	Wife: _____
Address: _____	Address: _____
Soc. Sec. No.: _____	Soc. Sec. No.: _____
Birthdate: _____	Birthdate: _____
Employer: _____	Employer: _____
Occupation: _____	Occupation: _____

Children: _____	Date of Birth: _____	Age: _____	With whom are children living: _____
_____	_____	_____	_____

I. INCOME (Attach copies of wage statements from your last eight weeks earnings)

	<u>Husband</u>	<u>Wife</u>
<b>A. GROSS MONTHLY INCOME:</b> Employment: (Multiply weekly Income by 4.3 and bi-weekly income by 2.15)	_____	_____
Other: (AFDC, Social Security, Pensions, Disability, Unemployment, Interest, Dividends, Rents, Child Support from prior marriage, etc.) (Please circle source of income.)	_____	_____
	_____	_____
<b>TOTAL</b>	_____	_____
<b>B. MONTHLY DEDUCTIONS</b>		
Taxes	_____	_____
Social Security	_____	_____
Insurance	_____	_____
Union Dues	_____	_____
Retirement	_____	_____
Credit Union	_____	_____
Others	_____	_____
<b>TOTAL</b>	_____	_____
<b>NET MONTHLY INCOME</b> (Subtract Total B from Total A)	_____	_____

II. MONTHLY EXPENSES

Rent or Mortgage (taxes and insurance)	_____	_____
Food	_____	_____
Utilities	_____	_____
Telephone	_____	_____
Clothing	_____	_____
Laundry	_____	_____
Medical	_____	_____
Dental	_____	_____
Insurance (exclude payroll deductions)	_____	_____
Child Care	_____	_____
Auto Expense (gas, insurance, etc.)	_____	_____
Auto Payments	_____	_____
Debts (enter total from III Debts)	_____	_____
Miscellaneous	_____	_____
<b>TOTAL</b>	_____	_____

**III. DEBTS**

<i>Creditor</i>	<i>Purposes</i>	<i>Original Amount</i>	<i>Balance</i>	<i>Monthly Payment</i>

**IV. ASSETS**

**A. REAL ESTATE (If space is insufficient, attach separate schedule.)**

<i>Address</i>	<i>Appraised Value</i>	<i>Mortgage or Lien</i>	<i>Net Value</i>

**B. MOTOR VEHICLES**

<i>Type</i>	<i>Present Value</i>	<i>Mortgage or Lien</i>	<i>Who Uses</i>

**C. CASH AND DEPOSIT ACCOUNTS**

<i>Bank or Savings &amp; Loan</i>	<i>Type</i>	<i>Amount</i>

**D. LIFE INSURANCE**

<i>Company</i>	<i>Premiums</i>	<i>Face Amount</i>	<i>Beneficiaries</i>	<i>Type/Policy</i>	<i>Cash Value</i>

**E. RETIREMENT ANNUITIES OR PROFIT SHARING ACCOUNTS**

**F. STOCKS & SECURITIES (List name, number of shares and value.)**

**G. OTHER ASSETS: (Include valuable collections such as coins, stamps, guns sporting and other equipment, mortgages or notes receivable, interests in Trusts, wills, contract rights, judgments, livestock and pets.)**

**H. HOUSEHOLD FURNITURE: FURNISHINGS & APPLIANCES – PRESENT VALUE \_\_\_\_\_.**

\_\_\_\_\_  
Signature

Subscribed and sworn to before me this  
\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public, State of Wisconsin  
My commission expires \_\_\_\_\_