

Legal Services Programs

Statewide Legal Services: (Entry point for the legal services network in Connecticut). **860-344-0380** Central CT area or **1-800-453-3320**.

Other Legal Services Programs:

Hartford, Hartford County:

Greater Hartford Legal Aid

999 Asylum Avenue
Hartford, CT 06105
(860) 541-5000
FAX: (860) 541-5050

Greater New Haven Area:

New Haven Legal Assistance Association, Inc.

426 State Street
New Haven, CT 06510
(203) 946-4811
TDD: (203) 946-4811
FAX: (203) 498-9271

This pamphlet was produced by the Legal Assistance Resource Center of CT in cooperation with Connecticut Legal Services, Greater Hartford Legal Aid, New Haven Legal Assistance Association, and Statewide Legal Services.

The information in this pamphlet is based on laws in CT as of August 2009. We hope that the information is helpful. It is not intended as legal advice for an individual situation. If you need further help and have not done so already, please call Statewide Legal Services (see above) or contact an attorney.

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(no changes from January 2008)

Throughout Connecticut:

Connecticut Legal Services: Offices:

211 State Street
Bridgeport, CT 06604
(203) 336-3851

16 Main Street
New Britain, CT 06051
(860) 225-8678

153 Williams Street
New London, CT 06320
(860) 447-0323

20 Summer Street
Stamford, CT 06901
(203) 348-9216

85 Central Avenue
Waterbury, CT 06702
(203) 756-8074

872 Main St., P.O. Box 258
Willimantic, CT 06226
(860) 456-1761

AIDS Legal Network for CT

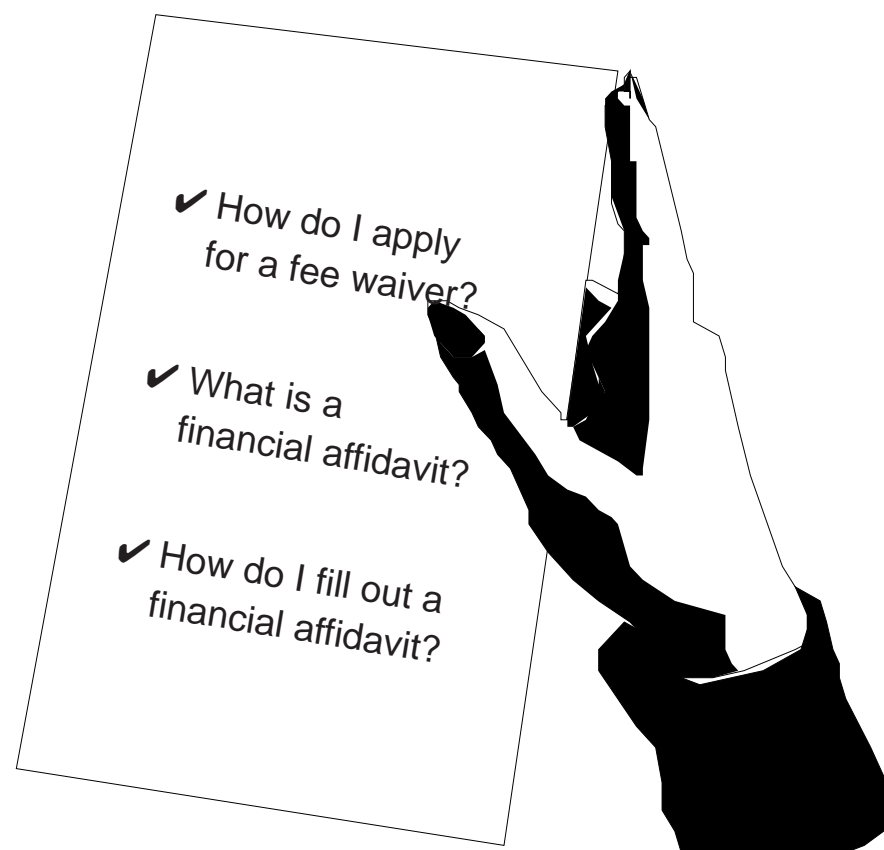
999 Asylum Avenue
Hartford, CT 06105
(860) 541-5027 or 1-888-380-3646

Visit us on the internet:

www.slsct.org
www.ghla.org
www.nhlegal.org
www.connlegalservices.org
www.larcc.org



A Guide to Fee Waivers



If you cannot afford to pay certain court fees to start a case in court and you have very little income, you may have a right to a *fee waiver*. You can ask the court to allow you not to pay by applying for a *Fee Waiver*.

Examples of some fees as of this writing are:

- Entry fee in Superior Court: \$225
- Filing fee to modify judgment: \$70
- Marshal's (formerly sheriff's) fee to serve your complaint on the other party: \$40 to \$60.

How do I ask for a Fee Waiver?

To apply for a fee waiver, you will need to fill out and file an *Application for Waiver of Fees* form (form #JD-FM-75). This form is available at the court clerk's office and on the State of Connecticut Judicial web site (www.jud.ct.gov). On the web site look under "Court Forms" then "Family."

You need to fill out two parts on the form: 1) The *Application for Waiver of Fees* itself and 2) the *Notarized Financial Affidavit*. **Do not sign** the form until you are in front of a court clerk, a notary public, or an attorney. *Leave the spaces for the "Orders" blank; they are filled out by the court.*

■ Here are the steps:

1 Get a few *Application for Waiver of Fees* forms (JD-FM-75) from the court clerk's office or on the Judicial website (www.jud.ct.gov). If you go to the court to get the form, ask if the clerk can notarize the form after you fill it out.

2 Gather your pay stubs, bills recently received or paid, your checkbook and bank account statements. You will need to look at these items as you complete the financial affidavit part of the Fee Waiver form.

3 Complete the *Application for Waiver of Fees* including the Financial Affidavit section. **Do not sign** the form until you are in front of a notary public, attorney, or the court clerk.

4 Go to the court clerk's office with your papers. Give the court clerk the *Application for Waiver of Fees* and any court papers that you listed on the fee waiver form.

- If the *Application* is not notarized yet, ask the court clerk to notarize it.
- Ask the court clerk what the procedure is in that court. Sometimes the clerk will take the papers to the judge for immediate review, while other times the clerk may schedule a hearing on your application.

5 Make copies of the form. Give the original to the court clerk, give one copy to the other party and his/her lawyer, and keep a copy for yourself.

Instructions for Completing the Application for Waiver of Fees



Following the **SAMPLE** on Page 8, **type or print:**

■ NAME OF CASE, etc.

- **name of the case;**
- **docket number** (if the case has been filed, if not leave it blank);
- **address of the court** and check the *Judicial District* box;
- *Name of Applicant:* your **name**; your **address**, (you may use an address where can get mail if you do not wish to disclose your home address); and your **telephone number**.

■ TYPE OF PROCEEDING

Check off the *Type of Proceeding* or the description of your case. For example, if you are seeking a divorce, check the box marked *Dissolution of Marriage*. If you are seeking to modify a child support order, check *Motion to Open or Modify*.

■ FEE WAIVER

Check the fee or fees you would like to have waived. (For example, *Entry Fee, Filing Fee, etc.*). If it is a divorce or custody case, you can write "Parenting Education Class" under *Other*.

■ APPOINTMENT OF COUNSEL

Appointment of counsel is only for a contempt case.

NOTE: Even if you do not want a fee waiver, you will need to fill out a Financial Affidavit. In divorce or legal separation cases, each side will be asked to file one to help the judge decide the amount of alimony or child support to order. The Financial Affidavit in a divorce or separation is a little different from this one. See the Legal Aid booklet, *A Guide to Financial Affidavits*.

■ FINANCIAL AFFIDAVIT

The second half of the page is the FINANCIAL AFFIDAVIT section. Look at the **Financial Affidavit section** on the **SAMPLE** on Page 8. Fill out this part following the instructions below.

Before you sign, here are some points to keep in mind:

- If you do not own something the form asks about, write either "none" or "0" in that space.
- When you have finished filling out the Financial Affidavit form, you must swear to it and sign it before a notary public or an attorney. *Remember, do not sign it until you are in front of a notary or an attorney.*

I. NUMBER OF DEPENDENTS

II. MONTHLY INCOME

A. Gross monthly income. Fill in your average monthly income BEFORE taxes are taken out. If you work, you can figure this out from your wage stubs.



B. Net monthly income. Fill in your average monthly income AFTER taxes and other deductions are taken out.

C. Other income. Fill in your monthly income from other sources, like a second job, state welfare (TFA), Social Security, some other public benefit, or child support.

TOTAL MONTHLY INCOME.

Write the total of all income. (Add B & C together.)

III. MONTHLY EXPENSES

Be sure to compute your expenses on a **monthly** basis. Weekly figures should be multiplied by 4.3 to come up with the monthly amount. For example, if you spend \$100 a week on food, the monthly amount would be \$430 ($\$100 \times 4.3 = \430).

A. Rent or Mortgage. Put the amount you pay for your home. If you have a mortgage which includes taxes, and you cannot separate the two, put both under mortgage.

B. Real Estate Taxes. Monthly cost, if not included in "A" (mortgage).

C. Utilities. Monthly average.

D. Food. Monthly average.

E. Clothing. Monthly average. Figure out how much you spend each year and divide by 12.

F. Insurance On a monthly basis. Include health insurance only if it is not already listed as a pay deduction.

G. Medical and Dental Expenses. Figure out how much you spend on medical and dental bills and prescriptions in one year and divide by 12. Don't include insurance or expenses reimbursed by insurance. Do include co-pays for doctor or hospital visits and for prescription drugs.

H. Transportation. Include all costs to keep your car running. If you are using public transportation, put the amount you generally spend on this (state all this as monthly expense).

I. Child Care. Put what you spend monthly on child care including after-school care, nursery school, etc.

J. Other. Include personal and other miscellaneous expenses (monthly). Examples include: diapers, laundry, haircuts, cigarettes, church offerings, children's school expenses, school lunches, toiletries (for example, shampoo, contact lens solution, make-up) toys, recreation, etc.

TOTAL MONTHLY EXPENSES.

Write the total of A through J.

IV. ASSETS

This part requires you to list your assets. Assets are any valuable property you own. You may estimate the value if you don't have the exact figures.



A. Real Estate.

Value. Place an estimated value of your home if it were sold today. (If unsure, write unknown).

Mortgage (loan balance) is the amount still owed on the home and on any liens on the property.

Equity is how much of the home *you* own. Your equity is the difference between the estimated value of your home and all mortgages and liens. If you own only a half interest in the house, put "half equity" and fill in the value of your share.



B. Motor Vehicles. State what car or cars you own.

The **Value** is the book or present value of your car. (You can look up the value in *Kelly's Blue Book* at the library or on the web at www.kbb.com).

Loan Balance is the amount still owed on any car loans.

Equity is the value of your car *minus* the loan balance. For example, if the value of the car is \$2000 and the loan balance is \$1500, then you own \$500 equity in your car.

C. Other Personal Property. If you own valuable jewelry or antiques, a boat, a motorcycle etc., list the items and their value if you were to sell them today, not what you paid for them. Used furniture, except for antiques, has a low resale value. (If you own only furniture and clothing which is not especially valuable, write "household goods--nominal value" and put a dash [-].)

D. Savings Account Balance. If you have money in a savings account, state the amounts on deposit.

E. Checking Account Balance. List the *average* monthly balance after bills are paid.

F. Cash. Write down any cash you have on hand.

G. Other Assets. This is for any other valuable items you might own. If none, write "0" for total value.

TOTAL ASSETS.

Add up the amounts written down for all your assets in parts A-G and write the total in the box.

V. LIABILITIES/DEBTS

Liabilities are debts you owe in addition to those things you filled out under assets. Don't forget to include such things as overdue utility bills, tax bills, personal loans, credit cards, outstanding medical bills, etc.

Type of Debt is what the money is for (car loan, etc.)

Under **Amount Owed** state the original debt owed.

Monthly Payment is the amount you pay on the debt per month. If you are not making any payments because you have not been able to do so, write "0" on this line.

Total Liabilities:

- **Total Liabilities Owed** is the sum of the *Amount Owed* column.
- **Total Monthly Payments** is the sum of the *Monthly Payments* column.



Congratulations!

You have completed the fee waiver form. Make two photocopies-- give the original to the court clerk, one copy to the opposing attorney, and keep one copy for yourself.

If your fee waiver is DENIED
you may ask for a hearing on your denied application. Ask for this hearing by completing the back portion of the Application where it says "Request for Hearing on Denied Application".

CERTIFICATION (located on the back of the form)



You must swear to the truth of your financial statement and sign it in front of a notary public or an attorney, who must then sign that it was sworn to and signed in front of him/her. A clerk at the clerk's office in the courthouse will usually do this.

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
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<input checked="" type="checkbox"/> Judicial District <input type="checkbox"/> Housing Session <input type="checkbox"/> G.A. No.	ADDRESS OF COURT (enter address of court)
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

<input type="checkbox"/> CONTEMPT	<input type="checkbox"/> MOTION TO OPEN OR MODIFY	<input type="checkbox"/> OTHER (Specify): _____
<input checked="" type="checkbox"/> DISSOLUTION OF MARRIAGE/DIVORCE	<input type="checkbox"/> CIVIL	
<input type="checkbox"/> DISSOLUTION OF CIVIL UNION	<input type="checkbox"/> APPL. FOR CUSTODY AND/OR VISITATION	
<input type="checkbox"/> HOUSING	<input type="checkbox"/> 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).....	\$250.00
B. Net monthly income after taxes from monthly employment.....	\$200.00
C. Other income (i.e., TANF, Social Security, etc.) (Specify source).....	\$543.00

Source: **TFA**

TOTAL MONTHLY INCOME (B+C) \$743.00

III. MONTHLY EXPENSES

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

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
TOTAL ASSETS			\$745.00

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
TOTAL LIABILITIES	\$2,000.00	\$100.00

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
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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 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)
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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
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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.