

CITY OF WAUWATOSA

Case or Citation Number(s): _____

v. _____

Defendant

Application for Poverty Finding, Payment Modification, and/or Waiver of Fees and Costs

Section 1: If you currently qualify for public assistance, complete Sections 1 & 3. If possible, please attach evidence of these benefits, such as a copy of a benefits letter.

- I currently receive:
- Supplemental Security Income
 - Foodshare/Food Stamps
 - W-2/Welfare
 - Medicaid/Badgercare
 - Legal representation from an attorney based on poverty.
 - Program: _____
 - Other means-tested public assistance. Type: _____

Section 2: If you do not currently qualify for public assistance, complete Sections 2 & 3.

Family Information:

I am: married single separated sharing a household with significant other

I provide support for _____ dependents in my family/household (_____ children _____ others-such as spouse, parents, or disabled adult children).

Income Information:

Record gross income for the household (total before taxes & deductions).

- Employment income: No Yes Monthly income: \$ _____
- Additional employment income: No Yes Monthly income: \$ _____
- Unemployment compensation: No Yes Monthly income: \$ _____
- Pension/retirement income: No Yes Monthly income: \$ _____
- Rental income: No Yes Monthly income: \$ _____
- Child/spousal support: No Yes Monthly income: \$ _____
- Other income and/or side work: No Yes Monthly income: \$ _____

Any details you want to provide regarding unemployment: _____

Assets:

Include assets of your spouse and dependents.

Bank account(s): No Yes Current balance: \$ _____

Vehicle(s): No Yes Describe: _____

Real estate other than primary residence: No Yes Value: \$ _____

Debts and Expenses

Include debts and expenses of your spouse and dependents.

Mortgage or rent: No Yes Monthly payment: \$ _____

Utilities: No Yes Average monthly cost: \$ _____

Credit card debt: No Yes Monthly payment: \$ _____
Amount outstanding: \$ _____

Car loans/lease: No Yes Monthly payment: \$ _____

Transportation costs: No Yes Average monthly cost: \$ _____

Child/spousal support: No Yes Monthly payment: \$ _____

Phone bill: No Yes Monthly payment: \$ _____

Student loan/medical debt: No Yes Monthly payment: \$ _____
Amount outstanding: \$ _____

Other bills: No Yes Monthly payment: \$ _____

Section 3: Request to modify the terms of payment or waive fees or costs.

I request more time to pay. Amount of time requested: _____

I request a monthly installment plan. Amount of monthly payment I can afford: \$ _____

I request community service instead of payment. I cannot afford to make payments.

Other requests to resolve the court debt: _____

I request a waiver of any fees or costs.

I affirm that I have disclosed all of my income, assets, and debts and that the information and any attachments I have provided are true and accurate to the best of my knowledge.

Defendant's Signature

Date

Phone Number: _____ Email address: _____

Address: _____

**Mail or email completed application to: Wauwatosa Municipal Court
7725 W. North Avenue
Wauwatosa, WI 53213
Email: tcourt@wauwatosa.net**

Court Use Only: Date: _____ Application: Approved Denied