

**COURT OF PROBATE**  
[Type or print in black ink.]

<b>TO: COURT OF PROBATE, DISTRICT OF</b>	<b>DISTRICT NO.</b>
RESPONDENT IN PROCEEDINGS FOR	

The undersigned represents that the respondent in the above matter has a GROSS MONTHLY household income from employment of: \$ \_\_\_\_\_ leaving the NET MONTHLY INCOME shown below after deductions for:

Federal withholding	\$ _____	FICA and Medicare	\$ _____	State withholding	\$ _____
Union dues	\$ _____	Wage executions	\$ _____	Other	\$ _____

(Please attach a copy of paycheck stub(s) for each employed household member, and explain "Other" deductions on reverse side.)

**NET MONTHLY INCOME FROM EMPLOYMENT:** \$ \_\_\_\_\_

The undersigned further represents that the respondent has other household income (broken down monthly) as follows:

<input type="checkbox"/> Welfare	\$ _____	<input type="checkbox"/> Pension	\$ _____
<input type="checkbox"/> Social Security	\$ _____	<input type="checkbox"/> Alimony	\$ _____
<input type="checkbox"/> Unemployment Compensation	\$ _____	<input type="checkbox"/> Other income (Please explain on reverse side.)	\$ _____

**TOTAL MONTHLY INCOME FROM ALL SOURCES:** \$ \_\_\_\_\_

The undersigned further represents that the total value of the respondent's household assets (bank accounts, etc.) is: \$ \_\_\_\_\_

The petitioner further represents that the basic expenses of the respondent's household (broken down monthly) are:

<input type="checkbox"/> Rent or mortgage	\$ _____	<input type="checkbox"/> Medical and Dental	\$ _____
<input type="checkbox"/> Utilities	\$ _____	<input type="checkbox"/> Clothing	\$ _____
<input type="checkbox"/> Food	\$ _____	<input type="checkbox"/> Other (Please explain on reverse side.)	\$ _____
			Total Monthly Expenses \$ _____

The undersigned further represents that the number of household members (including the respondent) supported by the respondent is: \_\_\_\_\_

WHEREFORE, THE UNDERSIGNED REQUESTS that the Court grant a waiver of payment of Court-appointed counsel fees related to the aforementioned proceeding before this Court due to his or her inability to pay for such fees.

The undersigned, if not the respondent, is familiar with the respondent's assets, income, and expenses by reason of:

**The representations contained herein are made under the penalties of false statement.**

Date: \_\_\_\_\_  
Type Name: \_\_\_\_\_

COURT OF PROBATE, DISTRICT OF \_\_\_\_\_ DISTRICT NO. \_\_\_\_\_

PRESIDING JUDGE: Hon. \_\_\_\_\_

The foregoing request having been presented to this Court, the COURT FINDS that the above-named respondent  is  is not entitled to a waiver of fees as indicated above.

WHEREFORE it is ORDERED and DECREED that a waiver of payment of any Court-appointed counsel fees as indicated above  is granted  is denied.

Dated at: \_\_\_\_\_, Connecticut, on [Month, Day, Year]

\_\_\_\_\_  
Judge