

**AFFIDAVIT OF INDIGENCY —  
FEE WAIVER, CRIMINAL**

JD-AP-48 Rev. 8-15  
C.G.S. §§ 54-56g, 52-259b

STATE OF CONNECTICUT  
**SUPERIOR COURT**  
www.jud.ct.gov

**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.

**Instructions to Person Applying for Waiver:**

Print or type all information and sign affidavit in front of court clerk, notary public, or an attorney.

**Instructions to Clerk:**

If application is denied and a hearing is requested, schedule hearing and issue notice of hearing.

Name of case \_\_\_\_\_ Docket number \_\_\_\_\_

Specify fee to be waived (Copies, transcript, program fee, etc.) \_\_\_\_\_ If the request is for a transcript or for copies, what will the transcript or copies be used for? \_\_\_\_\_

**I. Income (Net income after taxes; include all sources) .....**

Net income  
\$ \_\_\_\_\_

Public Assistance Received:  No  Yes

(If yes, specify type): \_\_\_\_\_

Number of dependents  
\_\_\_\_\_

**II. Dependents (Total number of dependents) .....**

**III. Assets**

	Estimated Value	Mortgage Balance	Equity
A. Real Estate .....	\$ _____	\$ _____	Real estate \$ _____
B. Motor Vehicles .....	\$ _____	\$ _____	Motor vehicle \$ _____
C. Other personal property .....	\$ _____	\$ _____	Other \$ _____
D. Savings accounts (Total of all accounts) .....			Savings \$ _____
E. Checking accounts (Total of all accounts) .....			Checking \$ _____
F. Stocks: Name _____			Stock value \$ _____
G. Bonds: Name _____			Bond value \$ _____
			Total assets \$ _____

**IV. Liabilities (Debts)**

Date	Source	Amount of Debt	Balance Due	Weekly Payment
		\$ _____	\$ _____	\$ _____
		\$ _____	\$ _____	\$ _____
		\$ _____	\$ _____	\$ _____
		\$ _____	\$ _____	\$ _____
		\$ _____	\$ _____	\$ _____

Total liability  
\$ \_\_\_\_\_

**V. Affidavit**

I certify that the information above is accurate to the best of my knowledge and that I can, if requested, submit documentation for all income, assets and liabilities listed above.

**Notice: ►**

**Any false statement you make 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.**

(Attach relevant records)

Signed (Applicant) \_\_\_\_\_ Print name of person signed at left \_\_\_\_\_ Date signed \_\_\_\_\_

Subscribed and sworn to before me: \_\_\_\_\_ On (Date) \_\_\_\_\_ Signed (Notary Public, Commissioner of Superior Court, Assistant Clerk) \_\_\_\_\_

For purposes of determining whether a party is indigent and unable to pay a fee to the court or to pay the cost of service:

*"There shall be a rebuttable presumption that a person is indigent and unable to pay a fee or fees or the cost of service of process if (1) such person receives public assistance or (2) such person's income after taxes, mandatory wage deductions and child care expenses is one hundred twenty-five per cent or less of the federal poverty level. For purposes of this subsection, "public assistance" includes, but is not limited to, state-administered general assistance, temporary family assistance, aid to the aged, blind and disabled, supplemental nutrition assistance, and Supplemental Security Income."*  
Section 52-259b(b) of the Connecticut General Statutes.

### Order of Court

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

Granted as follows:

1. The following fees payable to the court are waived. (specify: ) \_\_\_\_\_

2. The following fees are ordered paid by the State:

service of process not to exceed \$ \_\_\_\_\_ (specify amount if limited)

other (specify: ) \_\_\_\_\_

Denied

Denied: 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 name of Judge)	On (Date)	Signed (Judge, Assistant Clerk)	Date signed
------------------------------------	-----------	---------------------------------	-------------

### Request For Hearing On Fee Waiver Application (Only if initially denied without a hearing)

I request a court hearing on the application for a fee waiver.

Signed (Applicant)	Date signed
--------------------	-------------

<b>Hearing To Be Held At</b>	Superior Court Judicial District or Geographical Area number	Date of hearing	Time of hearing	Room number
	Address of court (Number, street and town)		Signed (Assistant Clerk)	

### Order Of Court After Hearing

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

Granted as follows:

1. The following fees payable to the court are waived. (specify: ) \_\_\_\_\_

2. The following fees are ordered paid by the State:

service of process not to exceed \$ \_\_\_\_\_ ( specify amount if limited)

other (specify: ) \_\_\_\_\_

Denied

Denied: 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 name of Judge)	On (Date)	Signed (Judge, Assistant Clerk)	Date signed
------------------------------------	-----------	---------------------------------	-------------