

**APPLICATION FOR
WAIVER OF FEES/
PAYMENT OF COSTS -
CIVIL, HOUSING, SMALL
CLAIMS, AND APPELLATE**

JD-CV-120 Rev. 1-19
C.G.S. §§ 52-259, 52-259b, 52-259c
P.B. §§ 8-2, 63-6



Instructions to person asking for the waiver (applicant)

1. Fill out Application. For help, see Help Text for Application for Waiver of Fees/Payment of Costs - Civil, Housing, Small Claims, and Appellate (form JD-CV-120H).
2. Sign the form under oath in front of a clerk, a notary, or an attorney.
3. Bring this form to the court where your case will be filed or is/was pending.
4. If this application for fees payable to the court or for costs of service of process is denied, you may ask for a hearing in the Request for Hearing on Denied Application section on page 2.

Note: This form will be put in the case file, which may be available to be viewed by the public.

Application

To: The Superior Court

Name of case (Plaintiff v. Defendant)		Docket number (If applicable)
<input type="checkbox"/> Judicial District	<input type="checkbox"/> Housing Session	Address of court
Name of applicant (Last, first, middle initial)		Telephone (Area code first)
Address of applicant (Number, street, town, state and zip)		

Type of proceeding:

- Civil case Small claims case Housing (Landlord-Tenant case)
 Appellate matter (Supreme or Appellate Court) Other (Specify): _____

Fee Waiver/Payment of costs

I ask that the court order that I do not have to pay fees or to order the State to pay the costs below. (Check all that apply)

- Entry fee Filing fee Costs of service of process (Delivery of papers) Appellate filing fee (Supreme or Appellate Court)
 Cost of the transcript for appeal Other fee (Specify): _____

Grounds for Appeal

(Complete if requesting waiver of Appellate filing fee (Supreme or Appellate Court) and/or payment of cost of the transcript for appeal.)

The grounds on which I propose to appeal are: _____

Financial Affidavit

1. Dependents

Total number of dependents (Do not count yourself)

2. Monthly Income

A. Gross monthly income from all sources (Money you get in one month from work and other sources, before taxes)

B. Net monthly income (after taxes) from employment

C. Income from sources other than employment (For example, TFA, Social Security, etc.)

List sources of other income: _____

+
=
Total Monthly Income (B+C) =

3. Monthly Expenses

A. Rent/Mortgage

B. Real Estate Taxes

C. Utilities (Telephone, heat, electric, water, gas, etc.)

D. Food

E. Clothing

F. Insurance Premiums (Medical/dental, auto, life, home)

G. Medical/Dental

H. Transportation (Bus, gasoline, etc.)

I. Child Care

J. Other (Specify): _____

Total Monthly Expenses =

4. Assets

- A. Real Estate
- B. Motor Vehicles
- C. Other Personal Property (For example, jewelry, furniture, etc.)
- D. Savings Account Balance (Total of all accounts)
- E. Checking Account Balance (Total of all accounts)
- F. Cash
- G. Other Assets (Specify): _____

Estimated Value (Current worth)	Loan Balance (Amount owed)	Equity (Estimated Value minus Loan Balance)
		Real Estate
		Motor Vehicle
		Other Property
		Savings
		Checking
		Cash
		Other Assets
Total Assets =		<input type="text"/>

5. Liabilities/Debts (For example, credit card balances, loans, etc. Do not include mortgage or loan balances that are listed under "Assets".)

Type of Debt	Amount Owed	Monthly Payment
Total Liabilities =		<input type="text"/>

6. If you claim zero Total Monthly Income in number 2 above or zero Total Monthly Expenses in number 3 above, explain how you are supported:

- 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.

I certify that the information on this application is true and accurate to the best of my knowledge and that I can, if asked, document all income, expenses, and liabilities listed on this application.

Signed (<i>Applicant</i>)	Print name of person signing at left	Date signed
Subscribed and sworn to before me:	On (<i>Date</i>)	Signed (<i>Notary Public, Commissioner of the Superior Court, Assistant Clerk</i>)

Order

Having reviewed the application, the court finds as follows:

- 1. The applicant is indigent and unable to pay the following fees which are waived:
 - Entry fee Filing fee Appellate filing fee (Supreme or Appellate Court)
 - Other fee (*Specify*) _____
- 2. The applicant is indigent and unable to pay the cost of service. A state marshal's fee not to exceed \$ _____ shall be paid by the state.
- 3. The applicant is indigent and unable to pay the cost of the transcript for appeal, which shall be paid by the State in accordance with Practice Book Section 63-6.
- 4. The applicant is indigent but able to pay fees, costs of service, and the cost of the transcript for appeal, and the application is denied.
- 5. The applicant is not indigent and the application is denied.
- 6. Denied: the 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.
- 7. Denied. Other (*Specify*): _____

By the Court (<i>Print or type name of Judge</i>)	On (<i>Date</i>)	Signed (<i>Judge, Clerk</i>)	Date signed
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Request For Hearing On Denied Application (*Fees payable to the court or costs of service of process*)

This section should be filled out only if the court has checked #4, 5, 6 or 7 above and denied the application.

I request a court hearing on my application. ► _____

Signed (*Applicant*) Date signed

Hearing

Hearing to be held on (<i>Date</i>)	Location
At (<i>Time</i>)	Signed (<i>Clerk</i>)

Order After Hearing

Having reviewed the application, the court finds as follows:

1. The applicant is indigent and unable to pay the following fees which are waived:
 Entry fee Filing fee Appellate filing fee (Supreme or Appellate Court)
 Other fee (*Specify*) _____
2. The applicant is indigent and unable to pay the cost of service. A state marshal's fee not to exceed \$ _____ shall be paid by the state.
3. The applicant is indigent and unable to pay the cost of the transcript for appeal, which shall be paid by the State in accordance with Practice Book Section 63-6.
4. The applicant is indigent but able to pay fees, costs of service, and the cost of the transcript for appeal, and the application is denied.
5. The applicant is not indigent and the application is denied.
6. Denied: the 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.
7. Denied. Other (*Specify*): _____

By the Court (*Print or type name of Judge*)On (*Date*)Signed (*Judge, Clerk*)

Date signed

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.