

CITY OF STOUGHTON,

Plaintiff,

v.

Case No.: _____

Defendant.**AFFIDAVIT OF POVERTY**

UNDER OATH, I STATE THAT because of poverty, I am unable to pay my fines due to the City of Stoughton in this action, proceeding or appeal, and request waiver of those fines.

**Complete Section 1 if you receive aid from any of the programs listed below.
If you do not receive aid, complete Section 2 only.**

Section 1

I currently receive:

- Supplemental Security Income Medical Assistance Food Stamps/FoodShare
 Relief funded under §59.43(21), Wis. Stats.
 Relief funded under public assistance
 Veterans Benefits under §45.40(1m) or 38 USC 501-562
 Legal representation from a civil legal services program or a volunteer attorney program based on indigency.
Name of program: _____
 Other means-tested public assistance: _____

My financial situation has has not changed since I became eligible for this program.

If you checked the "has" box, and such changes would make you ineligible for the program(s) if you applied today, you must complete Section 2.

Section 2

1. I am am not married.

2. I am am not employed. Name of Employer: _____

3. I earn [Gross pay] \$_____ weekly every 2 weeks twice monthly monthly
My take-home pay [after taxes and deductions] is \$_____ per pay period.

4. I receive gross monthly income totaling the amount of \$_____ from:

- Pension Social Security Unemployment Compensation
 Disability Student Loans/Grants Other: _____

5. I have the following cash assets:

- Savings Accounts: \$_____ Cash: \$_____
 Checking Accounts: \$_____ Money Owed me: \$_____

6. I have the following other assets:

- Vehicle Yr/Make: _____ Household Furnishings: \$ _____
- Vehicle Yr/Make: _____ Equity in real estate: \$ _____
- Other assets valued over \$200 each _____ \$ _____
- Other assets valued over \$200 each _____ \$ _____
- Other assets valued over \$200 each _____ \$ _____

7. My household consists of myself and _____ others:

Full Name	Relationship	Under age 18 (Yes or No)

8. The other members of my household have gross monthly income totaling \$ _____ from:

- Wages Social Security Relief funded under public assistance
- Pension Student Loans/Grants Supplemental Security Income
- Disability Unemployment Comp. Support/Maintenance
- Relief funded under §59.43(21), Wis. Stats.
- Food Stamps Other: _____

9. I have the following debts:

	Amount:	Monthly Payment:
a. Mortgage/Rent	\$ _____	\$ _____
b. Auto Loan	\$ _____	\$ _____
c. Credit Cards	\$ _____	\$ _____
d. Other: _____	\$ _____	\$ _____
e. _____	\$ _____	\$ _____

10. I have the following unusual expenses, other than ordinary living expenses:

State of _____

County of _____

Subscribed and sworn to before me on

Notary Public/Court Official signature

Name Printed or Typed

My commission expires: _____

I understand that if my financial situation changes, I must notify the court immediately.

➤ _____

Defendant signature

Name Printed or Typed

Date of Birth

Address

Date