AFFIDAVIT OF INDIGENCY AND REQUEST FOR WAIVER, c. 261, § 27B	DOCKET NUMBER	**Trial Court of Massachusetts Juvenile Court Department**
CASE NAME _____		DIVISION

AFFIDAVIT OF INDIGENCY

Name of Applicant: _____

Address: _____

SECTION 1: Under the provisions of General Laws, Chapter 261, Sections 27A-27G, I swear (or affirm) as follows: **I AM INDIGENT** in that *(check only one)*:

☐ (A) I receive public assistance under *(check form of public assistance received)*:

- ☐ Transitional Aid to Families with Dependent Children (TAFDC)
- ☐ Medicaid (MassHealth)
- ☐ Emergency Aid to Elderly, Disabled or Children (EAEDC)
- ☐ Supplemental Security Income (SSI)
- ☐ Massachusetts Veterans Benefits Programs; ***or***

☐ (B) My income, less taxes deducted from my pay, is $ _____ per ☐ week ☐ bi-weekly ☐ month ☐year *(check the period that applies)*, for a household of _____ persons, consisting of myself and _____ dependents; which income is at or below the court system's poverty level; (*Note: The court system's poverty levels for households of various sizes must be posted in this courthouse. If you cannot find it, ask the clerk or check online at:* **http://www.mass.gov/courts/docs/sjc/docs/povertyguidelines.pdf**. *The court system's poverty level is updated each year.)*

[List any other available household income for the checked period on this line: _____];or

☐ (C) I am unable to pay the fees and costs of this proceeding, or I am unable to do so without depriving myself or my dependents of the necessities of life, including food, shelter and clothing.

IF YOU CHECKED (C), YOU MUST ALSO COMPLETE THE SUPPLEMENT TO THE AFFIDAVIT OF INDIGENCY.

REQUEST FOR WAIVER, SUBSTITUTION OR STATE PAYMENT OF FEES & COSTS

NORMAL FEES AND COSTS

SECTION 2: (*Note: In completing this form, please be as specific as possible as to fees and costs known at the time of filing this request. A supplemental request may be filed at a later time, if necessary.)*

I request that the following **NORMAL FEES AND COSTS** be waived (not charged) by the court, or paid by the state, or that the court order that a document, service or object be substituted at no cost (or a lower cost, paid for by the state): (*Check all that apply and, in any "$_____" blank, indicate your best guess as to the cost,* ***if known****.)*

☐ Filing Fee and any surcharge. $ _____

☐ Filing Fee and any surcharge for appeal. $ _____

☐ Fees or costs for serving court summons, witness subpoenas or other court papers. $ _____

☐ Other fees or costs of $ _____ for (*specify*): _____

_____

☐ Substitution (*specify*): _____

_____

(***SEE PAGE 2 FOR REQUEST OF EXTRA FEES AND COSTS)***

REQUEST FOR WAIVER, SUBSTITUTION
OR STATE PAYMENT OF FEES & COSTS

EXTRA FEES AND COSTS

SECTION 3: I request that the following **EXTRA FEES AND COSTS** either be waived (not charged), substituted or paid for by the state:

☐ Cost, $_____ , of expert services for testing, examination, testimony or other assistance (*specify):*

_____

☐ Cost, $_____ , of taking and/or transcribing a deposition of (*specify name of person*):

_____

☐ Copies of electronic recording of trial or other proceeding, needed to prepare appeal for applicant **not** represented by Committee for Public Counsel Services (CPCS-pubilc defender).

☐ Appeal bond

☐ Cost, $_____ , of preparing written transcript of trial or other proceeding.

☐ Other fees and costs, $_____ , for (*specify*): _____

_____

☐ Substitution (*specify*): _____

_____

Date Signed	Signed under the penalties of perjury **X**

By order of the Supreme Judicial Court, all information in this affidavit is CONFIDENTIAL. Except by special order of a court, it shall not be disclosed to anyone other than authorized court personnel, the applicant, applicant's counsel or anyone authorized by the applicant.

(This form is prescribed by the Chief Justice of the Supreme Judicial Court pursuant to G. L. c. 261, § 27B. Promulgated March 2003.)