

# SUPPLEMENT TO AFFIDAVIT OF INDIGENCY

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

*(Note: If you checked (C) on the AFFIDAVIT OF INDIGENCY, you must complete this form.)*

\_\_\_\_\_ Court

\_\_\_\_\_ Case Name and Number (if known)

Name of applicant: \_\_\_\_\_

Address: \_\_\_\_\_

(Street and number)

(City or town)

(State and Zip)

Under the provisions of General Laws, Chapter 261, Sections 27A-27G, I swear or affirm as follows:

## 1. PERSONAL INFORMATION

(a) Date of Birth: \_\_\_\_\_

(b) Highest Grade in School: \_\_\_\_\_

(c) Special Training: \_\_\_\_\_

(d) List any physical or mental disabilities which you wish to reveal and which affect your earning capacity or living expenses:  
\_\_\_\_\_  
\_\_\_\_\_

(e) Number of Dependents: \_\_\_\_\_

## 2. INCOME AFTER TAXES (monthly)

(a) If from employment, list your occupation and employer's name and address:  
\_\_\_\_\_  
\_\_\_\_\_

(b) Sources of income, if not from employment:  
\_\_\_\_\_  
\_\_\_\_\_

(c) My gross annual income for the past twelve months was: \$ \_\_\_\_\_

(d) Gross Income (monthly): \$ \_\_\_\_\_

(e) Taxes Deducted (monthly):

Federal Tax \$ \_\_\_\_\_

State Tax \$ \_\_\_\_\_

Social Security \$ \_\_\_\_\_

Medicare \$ \_\_\_\_\_

Other Taxes (*specify*) \_\_\_\_\_ \$ \_\_\_\_\_

Total Taxes Deducted \$ \_\_\_\_\_

(f) Total Income After Taxes (*subtract 2(e) from 2(d)*): \$ \_\_\_\_\_

(g) If any other member of your household is employed, list occupation and name and address of his/her employer and monthly income after taxes:

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**3. NET INCOME (monthly)**

(a) Income After Taxes (*from line 2(f)*): \$ \_\_\_\_\_

(b) Expenses (monthly):

Rent or Mortgage \$ \_\_\_\_\_ Uninsured Medical Expenses \$ \_\_\_\_\_

Food \$ \_\_\_\_\_ Child Care \$ \_\_\_\_\_

Electricity \$ \_\_\_\_\_ Education Expenses for Children \$ \_\_\_\_\_

Gas \$ \_\_\_\_\_ Child Support \$ \_\_\_\_\_

Oil \$ \_\_\_\_\_ Clothing \$ \_\_\_\_\_

Water \$ \_\_\_\_\_ Laundry/Cleaning \$ \_\_\_\_\_

Telephone \$ \_\_\_\_\_ Car Insurance \$ \_\_\_\_\_

Health Insurance \$ \_\_\_\_\_ Transportation Expenses \$ \_\_\_\_\_

Other (*specify*): \_\_\_\_\_ \$ \_\_\_\_\_

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Total Expenses \$ \_\_\_\_\_

(c) Income After Taxes Minus Expenses (monthly) (*subtract 3(b) from 3(a)*): \$ \_\_\_\_\_

**4. ASSETS**

(a) Own Home? Yes No  Market Value \$ \_\_\_\_\_ Balance Owed \$ \_\_\_\_\_

(b) Own Car? Yes  No  Year & Make \_\_\_\_\_  
Market Value \$ \_\_\_\_\_ Balance Owed \$ \_\_\_\_\_

(c) Bank Accounts (specify type and balance)

(d) Other Property including Real Estate (specify type and value)

**5. DEBTS**

(a) Specify:

**6. MISCELLANEOUS**

(a) Other facts which may be relevant to your ability to pay fees and costs?

Signed under the penalties of perjury: Signature:  \_\_\_\_\_  
Type/Printed Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Date signed: \_\_\_\_\_

**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 in writing by the applicant.**

This form prescribed by the Chief Justice of the SJC pursuant to G.L. c. 261, § 27B. Promulgated March , 2003.  
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