

Regarding the Marriage/Paternity/Support of:

\_\_\_\_\_ ,

and \_\_\_\_\_ Case No. \_\_\_\_\_

\_\_\_\_\_ ,

**PETITION FOR WAIVER OR PAYMENT PLAN - GUARDIAN AD LITEM FEES  
AFFIDAVIT AND ORDER**

Under oath I state that because of poverty, I am unable to pay the Guardian ad Litem fees of this action, proceeding, or appeal, or to give security for those fees, and request waiver or a payment plan for those fees.

**All Sections of this form must be completed.  
If an incomplete form or unreadable form is submitted, your request will be denied.  
If more room is needed, attach additional pages.**

I currently receive:

- Supplemental security income
- Food Stamps
- Medical Assistance
- Benefits for veterans under § 45.351 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: \_\_\_\_\_
- Relief funded under public assistance
- Relief funded under §59.53(21), Wis. Stats.

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, explain:

\_\_\_\_\_  
\_\_\_\_\_

I  am  am not married

I  am  am not employed. Name of Employer: \_\_\_\_\_

I earn \$ \_\_\_\_\_ gross  every week  every 2 weeks  twice monthly  monthly

My take home pay is \$ \_\_\_\_\_ each pay period.

If not employed, why not? \_\_\_\_\_

\_\_\_\_\_

Last date worked? \_\_\_\_\_ What happened to that job? \_\_\_\_\_

\_\_\_\_\_

I receive monthly income totaling the amount of \$ \_\_\_\_\_ from:

- Pension  Social Security  Unemployment compensation  Disability
- Student loans/grants  Other (Describe): \_\_\_\_\_

I have the following:  Savings Accounts \_\_\_\_\_  Cash \_\_\_\_\_  
 Checking Accounts \_\_\_\_\_  Money Owed to me \_\_\_\_\_

I have the following other assets:

Vehicle - Yr./Make \_\_\_\_\_

Vehicle - Yr./Make \_\_\_\_\_

Household furnishings \_\_\_\_\_

Equity in real estate \_\_\_\_\_

Other individual assets valued over \$200 each \_\_\_\_\_

My household consists of myself and:

Full name: \_\_\_\_\_ Relationship to me: \_\_\_\_\_

Under age 18  Yes  No

Full name: \_\_\_\_\_ Relationship to me: \_\_\_\_\_

Under age 18  Yes  No

Full name: \_\_\_\_\_ Relationship to me: \_\_\_\_\_

Under age 18  Yes  No

Full name: \_\_\_\_\_ Relationship to me: \_\_\_\_\_

Under age 18  Yes  No

The other members of my household have monthly income totaling \$ \_\_\_\_\_ from

- Wages       Social Security       Relief funded under public assistance       Pension  
 Food Stamps       Student Loans/Grants       Unemployment Compensation       Disability  
 Supplemental Security Income       Relief funded under §59.53(21), Wis. Stats.       Support  
 Maintenance       Other (Describe) \_\_\_\_\_

I have the following debts:

	Amount	Monthly Payment
Mortgage	_____	_____
Auto Loan	_____	_____
Credit Cards	_____	_____
Other	_____	_____

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

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Under oath, I swear that the information in this affidavit is accurate and complete, and that if my financial situation changes, I will notify the court immediately.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name Printed

Subscribed and Sworn to before me on \_\_\_\_\_

\_\_\_\_\_  
Notary Public/Court Official

My commission expires: \_\_\_\_\_ Notary Name, Printed: \_\_\_\_\_

\_\_\_\_\_  
The following portion is for court use only  
\_\_\_\_\_

**COURT FINDINGS AND ORDER**

- The Court finds the person is unable to pay the Guardian ad Litem fees at this time.
  - Guardian ad Litem fees are waived for this person.
  - The person shall pay the Guardian ad Litem fees at the rate of \$ \_\_\_\_\_ per \_\_\_\_\_ with the first payment due on \_\_\_\_\_.
  - Payment of the Guardian ad Litem fees shall be decided by hearing on: \_\_\_\_\_
  - Payment of all Guardian ad Litem fees shall be made by the  Petitioner  Respondent.
  - Payment of the Guardian ad Litem fees shall be paid by Green County, which may seek reimbursement through the Court if appropriate.
  
- This petition is DENIED because the Court finds the petitioner has the ability to pay the Guardian ad Litem fees as previously ordered.

BY THE COURT:

\_\_\_\_\_  
Circuit Court Judge/Court Commissioner

\_\_\_\_\_  
Date