

**APPLICATION FOR WAIVER OF FEES/  
PAYMENT OF COSTS/APPOINTMENT  
OF COUNSEL - FAMILY**

JD-FM-75 Rev. 12-21  
C.G.S. §§ 46b-160(d), 46b-231, 52-259b;  
P.A. 21-15; P.B. §§ 8-2, 25-63, 63-6

*Use only for family/family support magistrate matters.  
For civil, housing and small claims, use form JD-CV-120.*

**To: The Superior Court**

**Instructions to applicant (person filing)**

1. Print or type all information requested.
2. Sign the Financial Affidavit section in front of a court clerk, a notary public or an attorney.
3. Bring this form to the superior court where your case will be filed or is/was pending.
4. If your application for waiver of fees payable to the court or for payment of costs of service of process is denied, you may ask for a hearing.

STATE OF CONNECTICUT  
**SUPERIOR COURT**

www.jud.ct.gov



**Instructions to Clerk**

1. Bring to a judge or family support magistrate, if applicable.
2. If granted, notify the applicant and counsel, if appointed.
3. If the application for waiver of fees payable to the court or for payment of costs of service of process is denied, and upon request, schedule a hearing.

Name of case (Name of plaintiff v. Name of defendant)	Docket number (If applicable)
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Judicial District	Address of court
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Name of applicant (Last, first, middle initial)	Address of applicant (Number, street, town, state and zip code)	Phone number
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**Type of proceeding (select all that apply)**

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Motion to Open Judgment                         | <input type="checkbox"/> Motion for Modification                       | <input type="checkbox"/> Contempt        |
| <input type="checkbox"/> Application for Custody                         | <input type="checkbox"/> Dissolution of Marriage/Civil Union (Divorce) | <input type="checkbox"/> Parentage       |
| <input type="checkbox"/> Application or Petition for Visitation          | <input type="checkbox"/> Appellate Matter (Supreme or Appellate Court) | <input type="checkbox"/> Cross Complaint |
| <input type="checkbox"/> Other (ex parte custody, etc.) (Specify): _____ |  |  |

**Fee Waiver/Payment of Costs**

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

- |  |  |
|--|--|
| <input type="checkbox"/> Entry fee (fee to file a new case)                        | <input type="checkbox"/> Costs of service of process (delivery of papers by state marshal or other proper officer) |
| <input type="checkbox"/> Filing fee(s) (fee to file motion, etc.)                  | <input type="checkbox"/> Costs for participating in parenting education under C.G.S. § 46b-69b                     |
| <input type="checkbox"/> Appellate filing fee (Supreme or Appellate Court)         | <input type="checkbox"/> Cost of the transcript for appeal   |
| <input type="checkbox"/> Other (certified copy of judgment, etc.) (Specify): _____ |  |

**Grounds for Appeal (Complete if requesting waiver of Appellate filing fee/payment of cost of the transcript for appeal.)**

The grounds on which I propose to appeal are: \_\_\_\_\_

**Appointment of Counsel (This applies only in a contempt proceeding or to the putative parent in a parentage proceeding.)**

- I ask that the court appoint an attorney to represent me.

**Financial Affidavit**

**1. Dependents (people supported by you)**

Total number of dependents (not including yourself)

**2. Monthly Income**

A. Gross monthly income (before deductions) .....	<input type="text"/>
B. Net monthly income (after taxes) from employment .....	<input type="text"/>
C. Other income (TFA, Social Security, child support, alimony, etc.) .....	<input type="text"/>
	+
	<input type="text"/>
	=
<b>Total Monthly Income (B+C)</b>	<input type="text"/>

**3. Monthly Expenses**

A. Rent/Mortgage .....	<input type="text"/>
B. Real Estate Taxes .....	<input type="text"/>
C. Utilities (telephone, electric, water, gas, cable, etc.) .....	<input type="text"/>
D. Food, not including SNAP (food stamps) .....	<input type="text"/>
E. Clothing .....	<input type="text"/>
F. Insurance Premiums (medical/dental, auto, life, home) .....	<input type="text"/>
G. Medical/Dental (costs not covered by insurance) .....	<input type="text"/>
H. Transportation (bus, gasoline, etc.) .....	<input type="text"/>
I. Child Care .....	<input type="text"/>
J. Other (child support, alimony, etc.) (Specify): .....	<input type="text"/>
<b>Total Monthly Expenses</b>	<input type="text"/>

**4. Assets**

	Estimated Value	Loan Balance	Equity
A. Real Estate .....			Real Estate
B. Motor Vehicles .....			Motor Vehicle
C. Other Personal Property .....			Other Property
D. Savings Account Balance (Total of all accounts) .....			Savings
E. Checking Account Balance (Total of all accounts) .....			Checking
F. Cash .....			Cash
G. Other Assets (Specify): .....			Other Assets
			<b>Total Assets</b>

**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
<b>Total Liabilities</b>		

**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:**

I certify that the information in 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 above.

**Notice ►**

**Any false statement made by you under oath that you do not believe to be true and that 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.**

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

**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](http://www.jud.ct.gov/ADA).

**Order (To be completed by the Court)**

The Court, having found the applicant (Select all that apply):  Not indigent  Indigent **and** unable to pay  Indigent **or** unable to pay for parenting education program under C.G.S. § 46b-69b, hereby orders the application:

Granted as follows:

1. The following costs are ordered paid by the State

- Costs of service of process not to exceed: \$ \_\_\_\_\_
- Cost of the transcript for appeal in accordance with Practice Book section 63-6.
- Other (Specify): \_\_\_\_\_

2. The following fees are waived  Entry fee  Filing fee  Appellate filing fee (Supreme or Appellate Court)  Other (Specify): \_\_\_\_\_

3.  All costs for participation in a parenting education program shall be covered by the service provider pursuant to C.G.S. § 46b-69b, because the applicant is found indigent or unable to pay.

4. Counsel is  Appointed (Name): \_\_\_\_\_

Denied. If denied only in part, specify: \_\_\_\_\_

The application for waiver of the payment of a fee or fees or the cost of service of process is DENIED because 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.

Counsel is not appointed because the applicant does not face potential incarceration.

By the Court (Print or type name of Judge/Fam. Sup. Magistrate)	On (Date)	Signed (Judge, FSM, Assistant Clerk)	Date signed
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## Request for Hearing on Denied Application

The following section applies only to a **denial** of the application for waiver of fees payable to the court or for the costs of service of process. It does not apply to applications for fee waiver for parenting education or to appointment of counsel.

I request a court hearing on the application.



Signed (Applicant)

Date signed

### Hearing to be held at the Court location shown on page 1 on the date and time shown below:

Hearing on (Date)	At (Time)	Room number	Signed (Assistant Clerk)

## Order After Hearing

The Court, having found the applicant  Not indigent  Indigent and unable to pay hereby orders the application:

Granted as follows:

1. The following costs are ordered paid by the State

Costs of service of process not to exceed \$ \_\_\_\_\_

Cost of the transcript for appeal in accordance with Practice Book Section 63-6.

Other (Specify): \_\_\_\_\_

2. The following fees are waived  Entry fee  Filing fee  Appellate filing fee (Supreme or Appellate Court)

Other (Specify): \_\_\_\_\_

Denied for the following reason(s): \_\_\_\_\_

The application for waiver of the payment of a fee or fees or the cost of service of process is DENIED because 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.

By the Court (Print or type name of Judge/FSM)

On (Date)

Signed (Judge, FSM, Assistant Clerk)

Date signed