

STATE OF WISCONSIN FAMILY COURT SERVICES WINNEBAGO COUNTY

AFFIDAVIT OF INCOME

PETITIONER

AND

RESPONDENT

CASE NO.: _____

UNDER OATH, I STATE THAT because of poverty, I am unable to pay the mediation fee in this case and, therefore, petition the Director of Family Court Services to grant a waiver of mediation fees based upon my financial circumstances as set forth in this affidavit of income.

Note: The office of Family Court Services reserves the right to request additional information, including but not limited to, state and federal tax returns.

1. Personal Information

Name: _____

Marital Status: Married___Not-Married___

Address: _____

Date of Birth: _____

Phone No.: _____

Email: _____

2. Household makeup

- a. **List all DEPENDANT household members; people that you are financially responsible for**
(attach additional sheet if necessary)

Full Name	Relationship to You	Under age 18?
A. _____	_____	Y__ N__
B. _____	_____	Y__ N__
C. _____	_____	Y__ N__
D. _____	_____	Y__ N__
E. _____	_____	Y__ N__

3. Employment Information

Company: _____

Phone No.: _____

Address: _____

4. Public Assistance Information (check all that apply)

☐ Food Stamps/FoodShare

☐ Medical Assistance

☐ Daycare Assistance

☐ Veterans Benefits

☐ Housing Assistance

☐ Other public Assistance

INCOME STATEMENT

5. Gross monthly income (before taxes and deductions) from salary and wages, including commissions, allowances and overtime pay. \$ _____
Line 5

(Note: To calculate monthly income if paid weekly, multiply weekly income by 4.3, bi-weekly income by 2.15, and twice per month by 2)

****YOU MUST ATTACH YOUR LAST 2 PAY STUBS IN ORDER TO HAVE YOUR WAIVER CONSIDERED****

6. Other monthly income received:

Pension and Retirement	\$ _____
Social Security	\$ _____
Disability or Unemployment Payments	\$ _____
Dividends and Interest	\$ _____
Rental Income	\$ _____
Business Income	\$ _____
Public Assistance	\$ _____
Bonuses	\$ _____
Child Support/Maintenance	\$ _____
Other (Grants, loans, trusts, etc.)	\$ _____

Total \$ _____
Line 6

7. Total gross monthly income (add lines 5 and 6 above) \$ _____
Line 7

8. Deductions

Public Assistance Grant	\$ _____
Child Support Paid	\$ _____

Total \$ _____
Line 8

9. Adjusted net monthly income (subtract line 8 from line 7) \$ _____

SIGNATURE (MUST BE NOTARIZED)

DATE

Subscribed and Sworn to me this

_____ day of _____, _____.

Notary Public, State of Wisconsin.

My Commission Expires _____

FOR OFFICE USE ONLY

Granted Date: _____

Denied Date: _____

Approved for reduced rate: Y___ N___

Director's Initials: _____