APPLICATION FOR WAIVER OF FEES/ PAYMENT OF COSTS -CIVIL, HOUSING, SMALL CLAIMS, AND APPELLATE

JD-CV-120 Rev. 1-19 C.G.S. §§ 52-259, 52-259b, 52-259c P.B. §§ 8-2, 63-6

Application

To: The Superior Court

Instructions to person asking for the waiver (applicant)

- Fill out Application. For help, see Help Text for Application for Waiver of Fees/Payment of Costs - Civil, Housing, Small Claims, and Appellate (form JD-CV-120H).
- 2. Sign the form under oath in front of a clerk, a notary, or an attorney.
- 3. Bring this form to the court where your case will be filed or is/was pending.
- 4. If this application for fees payable to the court or for costs of service of process is denied, you may ask for a hearing in the Request for Hearing on Denied Application section on page 2.

STATE OF CONNECTICUT
SUPERIOR COURT
www.jud.ct.gov

Note: This form will be put in the case file, which may be available to be viewed by the public.

Name of case (Plaintiff v. Defendant)				Docket nun	nber (If applicable)	
Judicial Housing District Session Address of court						
					Telephone (Area code first)	
Type of proceeding: Civil case Small claims case Housing (Landlord-Tenant case) Other (Specify):						
	11)					
Fee Waiver/Payment of costs I ask that the court order that I do not have to pa	y fees or to o	order the State to pay t	he costs below. (Ca	heck all that apply)	
☐ Entry fee ☐ Filing fee ☐ Costs of se	rvice of proce	ess (Delivery of papers)	Appellate fili	ng fee (Suprem	e or Appellate Court)	
Cost of the transcript for appeal Othe	er fee (Specify)):				
Grounds for Appeal (Complete if requesting waiver of Appellate filing fee (Supreme or Appellate Court) and/or payment of cost of the transcript for appeal.) The grounds on which I propose to appeal are:						
Financial Affidavit						
1. Dependents		4. Assets	Estimated Value	Loan Balance	Equity (Estimated Value	
Total number of dependents (Do not count yours	elf)		(Current worth)	(Amount owed)	minus Loan Balance) Real Estate	
2. Monthly Income		A. Real Estate			Real Estate	
A. Gross monthly income from all sources (Money you get in one month from work and		B. Motor Vehicles			Motor Vehicle	
other sources, before taxes) B. Net monthly income (after taxes) from employment		C. Other Personal Property			Other Property	
C. Income from sources other than employment (For example, TFA, Social Security, etc.)	+ (For example, jewelry, furniture, etc.) D. Savings Account Balance (Total of all accounts)			Savings		
List sources of other income:	=	E. Checking Account Balance (Total of all accounts)			Checking	
Total Monthly Income (B+C) =		F. Cook			Cash	
3. Monthly Expenses		F. Cash			Other Assets	
A. Rent/Mortgage		G. Other Assets (Specify):				
B. Real Estate Taxes						
C. Utilities (Telephone, heat, electric, water, gas, etc.)		5. Liabilities/Del	o ts (For example, cr	edit card balance:	L loans etc Do not	
D. Food			or loan balances that			
E. Clothing		Туре	of Debt	Amount Ow	Monthly Payment	
F. Insurance Premiums (Medical/dental, auto, life, home)						
G. Medical/Dental						
H. Transportation (Bus, gasoline, etc.)						
I. Child Care						
J. Other (Specify):						
Total Monthly Expenses =			Total Liabilities	=		

Name	of case (Plaintiff v. Defendant	t)			Docket numb	ber (If applicable)	
	you claim zero Total M are supported:	Monthly Income in number	er 2 above or zer	o Total Monthly Expenses in nur	nber 3 abov	ve, explain how	
Ang a p	ublic servant in the	performance of his or	her official fun	not believe to be true and wheter to may be punishable by a tention to the best of my knowledge	a fine and/	or imprisonme	
docı	ument all income, exp	penses, and liabilities lis	ted on this appli	cation.			
Signe	d (Applicant)		Print name of	person signing at left		Date signed	
	scribed and sworn efore me:	On (Date)	Signed (Nota	ary Public, Commissioner of the Superior Co	urt, Assistant Cl	l lerk)	
	 The applicant is in Entry fee	ndigent and unable to partie of the state. Indigent and unable to partie of the state. Indigent and unable to partie of the state of th	ay the following the filing fee (Supay the cost of seasons of the 3-6. Sees, costs of seasons with reseave been without applicant's previous terms of the seasons of the seasons of the	rvice. A state marshal's fee note transcript for appeal, which shade, and the cost of the transcript. Spect to the same or similar main merit, the application sought vious pattern of frivolous filings	nall be paid cript for app tters, such is in conne	by the State in eal, and the filings establish ction with an ac	n ar
By the	e Court (Print or type name of		On (Date)	Signed (Judge, Clerk)		Date signed	
This	section should be fill	led out only if the court he	, ,	nyable to the court or costs of service of 5, 6 or 7 above and denied the	application	N. Date signed	
Hea	aring						
	Hearing to be held on (Date)	Location					
	At (Time)	Signed (Clerk)					1

Orde	r After Hearing			
Having	reviewed the application, the court finds a	as follows:		
☐ <u>1</u>	The applicant is indigent and unable to particular to part	•		
	Other fee (Specify)			
_ 2	The applicant is indigent and unable to pashall be paid by the state.	ay the cost of serv	rice. A state marshal's fee not t	o exceed \$
□ 3	The applicant is indigent and unable to paraccordance with Practice Book Section 6	•	transcript for appeal, which sha	Il be paid by the State in
□ 4	The applicant is indigent but able to pay f application is denied.	ees, costs of serv	ice, and the cost of the transcri	pt for appeal, and the
□ 5	The applicant is not indigent and the appl	ication is denied.		
□ 6	Denied: the applicant has repeatedly filed extended pattern of frivolous filings that he before the court that is consistent with the application would constitute a flagrant missing.	ave been without applicant's previ	merit, the application sought is ous pattern of frivolous filings, a	in connection with an action
□ 7	Denied. Other (Specify):			
By the C	ourt (Print or type name of Judge)	On (Date)	Signed (Judge, Clerk)	Date signed

Docket number (If applicable)

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.

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Name of case (Plaintiff v. Defendant)