

In the Matter of:

PETITION FOR WAIVER OF FEES AND COSTS - AFFIDAVIT OF INDIGENCY AND ORDER

Case No: _____

Under oath I, _____ (print name), state that because of poverty, I am unable to pay for the Guardian ad Litem fee deposit in this case and I request that the court waive the deposit. I have completed the section on the reverse side regarding my financial circumstances. **NOTE: A WAIVER OF THE GUARDIAN AD LITEM FEE DEPOSIT IS NOT A WAIVER OF THE GUARDIAN AD LITEM FEES. THE PARTY'S RESPONSIBILITY FOR THE GUARDIAN AD LITEM FEES SHALL BE DETERMINED AT THE CONCLUSION OF THE CASE.

Subscribed and sworn to before me on _____

I understand that if my financial situation changes, I must notify the court immediately.

Notary Public/Court Official My commission expires: _____

Signature Date Address Address D.O.B.

This petition for WAIVER of deposit is granted. Responsibility for the Guardian ad Litem Fees shall be determined at the conclusion of the case.

BY THE COURT:

Circuit Court Commissioner

COURT FINDINGS AND ORDER CONCERNING GUARDIAN AD LITEM FEES

- 1. This petition for WAIVER of Guardian ad Litem Fees is granted because the court finds the person is currently indigent.
2. This petition for REDUCTION of Guardian ad Litem fees is granted. _____ shall deposit \$_____ forthwith.
3. This petition for WAIVER of Guardian ad Litem Fees is DENIED. The amount of \$_____ shall be awarded to Brown County as payment for the services of the guardian ad litem in this matter; and that the petitioner shall be liable for said fee as follows:

Petitioner's name and address: _____ (Name) _____ (Address) _____ (Address)

Total Amount Due: \$_____
Total Amount to be paid by: _____ (60 days)
Monthly Payment Due: \$_____

BY THE COURT:

Circuit Court Judge
Date

