

STATE OF WYOMING)	IN THE DISTRICT COURT
) ss	
COUNTY OF _____)	_____ JUDICIAL DISTRICT
Plaintiff/Petitioner:)	Case Number _____
_____)	
Person listed as Plaintiff or Petitioner on the Complaint or Petition)	
vs.)	<u>CONFIDENTIAL</u>
)	
Defendant/Respondent:)	
_____)	
Person listed as Defendant or Respondent on the Complaint or Petition)	
)	

**AFFIDAVIT OF INDIGENCY AND REQUEST FOR
WAIVER OF FEES AND COSTS**

My name is _____.

I am the Plaintiff/Petitioner in this case. I respectfully request that the Court waive the filing fees and costs associated with service by a Wyoming Sheriff. I further authorize (give permission to) the Court to verify any or all of the information provided in this document in support of my request.

I hereby swear or affirm, under penalty of perjury, that the following information is true, correct, and complete.

1. Personal Information:

Date of Birth:	
Home Phone:	

Cell Phone:	
Work Phone:	
E-Mail Address:	

2. Address and Housing Information:

	Residential Address	Mailing Address	Home
Street			<input type="checkbox"/> I own my home. <input type="checkbox"/> I do not own my home.
City and State			I owe \$ _____ per month mortgage
Zip Code			I owe \$ _____ per month for rent

3. Employment:

I am employed:	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Not Employed	<input type="checkbox"/> Retired <input type="checkbox"/> Disabled
Name of your Employer		
Employer's Address		
Employer's Phone Number		
I make: \$ _____ per hour.		
My last paycheck was received on:		
My last paycheck was in the amount of \$		
Spouse's Employer		
Spouse's Income	\$	
Does anyone other than your spouse help pay the expenses of your household? <input type="checkbox"/> yes <input type="checkbox"/> no If so, what is that person's name and relationship to you?		

4. Public Assistance: Please mark the box for each type of assistance you currently receive:

- ☐ Temporary Assistance for Needy Families (TANF)
- ☐ Emergency Aid to Elderly, Disabled and Children (EAEDC)
- ☐ Poverty related veteran's benefits
- ☐ Supplemental Nutrition Assistance Program (SNAP)

- ☐ Medicaid
- ☐ Supplemental Security Income (SSI)
- ☐ Social Security Disability Insurance (SSDI)

5. Other Income: List all income you receive from any other source including (child support, spousal support, unemployment, workers compensation, disability, retirement, etc.).

Source	Frequency (weekly, monthly)	Amount

☐ I am attaching additional pages

6. Expenses: List all of your monthly bills (rent, utilities, internet, phone, food, child support, spousal support, etc.).

Bill or Expense	Amount

☐ I am attaching additional pages

7. Dependents: List everyone that you claim as a dependent on your tax returns.

Name	Relationship

☐ I am attaching additional pages

8. Bank Accounts:

I have a checking account: <input type="checkbox"/> yes <input type="checkbox"/> no	Bank Name:	My Balance is: \$
I have a savings account: <input type="checkbox"/> yes <input type="checkbox"/> no	Bank Name:	My Balance is: \$

☐ I am attaching additional pages

9. Assets: List all valuables that you own (automobiles, guns, jewelry, furniture, tools, bank accounts, land, etc.)

Item or Account	Value

☐ I am attaching additional pages

10. Debts: List all debts that you currently owe (credit cards, medical, court fines, etc.).

Entity Owed	Total Amount Owed	Monthly Payment

☐ I am attaching additional pages

11. Capacity to Borrow: I can borrow money to pay for my case in the amount of \$_____.

12. Special Circumstances: Explain any special circumstances that will limit your ability to support yourself and your family if you are required to pay fee associated with your case.

Warning About Perjury

By signing the Affidavit, you are telling the Court that everything you wrote on the form and everything you attached to it is true, correct, and complete. If the information is not true, you might be criminally charged with perjury. Perjury is a felony punishable by imprisonment or a fine or both. Review your answers carefully before you sign the Affidavit.

Perjury Statute

Wyoming Statute 6-5-301 about Perjury provides:

- (a) A person commits perjury if, while under a lawfully administered oath or affirmation, he knowingly testifies falsely or makes a false affidavit, certificate, declaration, deposition or statement, in a judicial, legislative or administrative proceeding in which an oath or affirmation may be required by law, touching a matter material to a point in question.
- (b) Perjury is a felony punishable by imprisonment for not more than five (5) years, a fine of not more than five thousand dollars (\$5,000.00), or both.

OATH

I have read and understand the provisions of the above perjury statute. I affirm that this Affidavit (including attachments) contains a true, correct, and complete disclosure of my income from all sources and that all the representations made are accurate to the best of my knowledge. I am aware that the Court may punish as perjury any materially false statements knowingly made with intent to defraud or mislead.

DATED _____, 20_____.

Signature: _____

Printed Name: _____

Phone Number: _____

Home Address (Physical): _____

Mailing Address: _____

Email Address: _____

☐ A Wyoming Court Navigator helped with this form.

STATE OF WYOMING)
) ss
COUNTY OF _____)

SUBSCRIBED AND SWORN to before me this _____ day of _____, 20____.

Witness my hand and official seal.

NOTARIAL OFFICER

My commission expires: _____

CERTIFICATE OF SERVICE

I certify that the original of this document was filed with the Clerk of District Court in _____ County, Wyoming.

I further certify that on _____, 20____, a true and accurate copy of this document was served on the other party in the following manner:

- ☐ Delivered by hand to: _____ (name)
- ☐ Faxed to this number: _____
- ☐ Mailed by United States Postal Service, postage pre-paid, to:

Name of other party or other party's attorney: _____

Address of other party or other party's attorney: _____

Signature: _____

Printed Name: _____

Date: _____, 20____