RECEIVED:

Instructions:

1) A petitioner in a probate matter may use this form to establish that he or she is indigent and unable to pay probate fees and expenses for which the petitioner may be responsible. The petitioner must include both the petitioner's information and information for the petitioner's household. A household is one or more individuals who rely on themselves or one another for support.

2) A fiduciary or attorney may file this form on behalf of a person they represent. The fiduciary or attorney should include only the petitioner's household information and not the fiduciary or attorney's information.

3) Include with this form documentation substantiating the reported assets and income. For example, pay stubs from employment and evidence of public assistance.

4) There is a rebuttable presumption that the petitioner is indigent if: (a) he or she receives public assistance OR (b) the annual income of the petitioner's household is 125% or less of the federal poverty level after taxes, other mandatory payroll deductions and child care expenses.

5) Type or print in ink. Use an additional sheet, or PC-180, if more space is needed.

Probate Court Name	District Number

In the Matter of

Petitioner (Name and address)	Type of Matter

The undersigned represents that:

1) Total number of people in the household, including the petitioner:

2) Net monthly household income from employment after taxes and mandatory payroll deductions: _____

3) Other monthly household income:

   a) Public Assistance (Specify) _____   _____

      Public assistance includes: state-administered general assistance; temporary family assistance; aid to the aged, blind and disabled; supplemental nutrition assistance; and supplemental security income also known as SSI.

   b) Social Security   _____

   c) Pension   _____

   d) Unemployment Compensation   _____

   e) Other (Specify) _____   _____

         Total other monthly household income (Items 3a through 3e above)   _____

         Total net monthly household income (Items 2 and 3 above)   _____

In the Matter of

The undersigned further represents that:

1) Estimated value of household assets:

    a) Real estate net value (subtract outstanding mortgages or liens) _____

    b) Motor vehicles net value (subtract outstanding loans or liens) _____

    c) Balance of all savings accounts _____

    d) Balance of all checking accounts _____

    e) Cash _____

    f) Other (Specify) _____ _____

           Total net value of household assets (Items 1a through 1f above) _____

2) Current household liabilities/debts (excluding any above mortgages/loans):

    a) Credit card balance _____

    b) Other (Specify) _____ _____

           Total current household liabilities (Items 2a through 2b above) _____

3) Estimated reoccurring monthly household expenses:

    a) Rent/Mortgage payment _____

    b) Motor vehicle loan payments _____

    c) Other transportation costs (bus, gasoline) _____

    d) Property taxes _____

    e) Utilities _____

    f) Insurance premiums (medical, auto, home, etc.) _____

    g) Medical and dental _____

    h) Food _____

    i) Clothing _____

    j) Child care _____

    k) Other (Specify) _____ _____

    Total reoccurring monthly household expenses (Items 3a through 3k above) _____

The undersigned requests that the court grant a waiver of fees and expenses in the above matter for which the petitioner may be responsible because the petitioner is indigent and unable to pay the fees and expenses.

The representations made in this petition are made under penalty of false statement.

Signature of Petitioner or Representative

Type or Print Name

Title or Relationship (if applicable)

Date

In the Matter of

For Court Use Only

Probate Court Name   **District Number**

PRESIDING JUDGE: Hon.

The foregoing request having been presented to the court, the COURT FINDS that the petitioner:

☐ is indigent and entitled to a waiver of fees and expenses as requested above.

☐ is not indigent.

WHEREFORE, it is ORDERED and DECREED that the request for waiver of fees and expenses is:

☐ GRANTED.   ☐ DENIED.

Dated at: , Connecticut, on   *[Month, Day, Year]*

_____
Judge