

RECEIVED:



- Instructions:**
- 1) A respondent in a probate matter may use this form to establish that he or she is indigent and unable to pay attorney's fees and other fees and expenses for which the respondent may be responsible. A person familiar with the respondent's income, assets and expenses may file this form on the respondent's behalf.
 - 2) The request for waiver of fees must be accompanied by documentation substantiating the respondent's reported assets and income and the reported assets and income of members of the respondent's household. For example, pay stubs from employment and evidence of public assistance are required.
 - 3) There is a rebuttable presumption that the respondent is indigent if (1) he or she receives public assistance OR (2) the annual income of the respondent's household is 125% or less of the federal poverty level after taxes, other mandatory payroll deductions, and child care expenses.
 - 4) Type or print the form in ink. Use Second Sheet, PC-180, or an additional sheet if more space is needed.

Probate Court Name	District Number
In the Matter of	Name of Respondent
Name and address of person filing document, if not the respondent.	Type of Matter

The undersigned represents that:

- 1) The total number of the respondent's dependents (exclude respondent) is
 - 2) The respondent's gross monthly income from employment is
 - 3) The respondent's net monthly income from employment after taxes and other mandatory payroll deductions is.....
 - 4) The net monthly income from employment of all other members of respondent's household after taxes and other mandatory payroll deductions is.....
 - 5) Other monthly income (include income to respondent and other members of the respondent's household) is:
 - a) Public Assistance (Specify.).....
 - b) Social Security.....
 - c) Pension
 - d) Unemployment Compensation
 - e) Other (Specify.).....
- Total other monthly household income (Items 5a through 5e above).....
- Total net monthly household income** (Items 3,4 and 5 above).....

The undersigned further represents that:

- 1) Estimated value of assets owned by respondent and other members of the respondent's household:
 - a) Real estate Outstanding mortgage Net value...
 - b) Motor Vehicles Outstanding loans Net value...
 - c) Balance of all savings accounts
 - d) Balance of all checking accounts
 - e) Cash
 - f) Other assets (specify)
- Total net value of the household assets** (Items 1a through 1f above)

2) The liabilities/debts of the respondent's household are (excluding above mortgages/loans):

a) Credit card balance.....

b) Other (specify)_____

3) The estimated monthly expenses of the respondent's household are:

a) Rent/Mortgage.....

b) Property Taxes.....

c) Utilities.....

d) Food.....

e) Medical and Dental.....

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

g) Clothing.....

h) Child Care.....

i) Car loan.....

j) Minimum monthly credit card payment.....

k) Other transportation costs (bus, gasoline).....

l) Other (specify)_____

Total Monthly Household Expenses (Items 3a through 3l above).....

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

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

Signature

Title (if applicable)

Type or Print Name

Date

For Court Use Only

COURT OF PROBATE,

DISTRICT NO.

PRESIDING JUDGE: Hon.

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

is indigent and entitled to a waiver of fees and expenses as requested above. is not indigent.

WHEREFORE, it is ORDERED and DECREED that a waiver of fees and expenses for which the respondent may be responsible is: granted. denied.

Dated at _____, Connecticut, on [Month, Day, Year]

.....
Judge