

How to Request the Court's Assistance in Paying the Costs of Your Case

Filing an Affidavit of Indigency and Request for Waiver, Substitution or State Payment of Fees and Costs

Use this packet only if:

- ✓ You Are on Public Assistance
- Or
- ✓ You have a low income and You do not think you can afford to pay the fees associated with your case

Produced by the Suffolk Probate & Family Court Community Outreach Program-Richard Iannella, Register

READ THIS

Information provided in this packet IS NOT LEGAL ADVICE, it is information. This information is not a substitute for a competent lawyer.

When you sign a legal document or file any papers in court, it may have significant consequences for you in the future. You should always try to get legal advice before filing documents.

Bar Associations lawyer referral services are listed in our brochure "Legal Resources in and around Suffolk County." Also listed are free legal service providers. You may be eligible for help.

COMMONWEALTH OF MASSACHUSETTS

Probate and Family Court

SUFFOLK SS. (A)

DEPARTMENT
DIVISION

Name of Case and Docket Number-if you have one (B)
Case Name and Number

AFFIDAVIT OF INDIGENCY AND REQUEST FOR WAIVER,
SUBSTITUTION OR STATE PAYMENT OF FEES AND COSTS

Pursuant to General Laws c. 261, s. 27A-G, the applicant, YOUR NAME HERE (C) swears (or affirms) as follows:
Name

(Check 1. Applicant is indigent in that he/she is a person:

only one.) Check the box (a) (D) who receives public assistance under the Massachusetts Aid to Families with Dependent Children, General Relief or Veteran's Benefits programs or receives assistance under Title XVI of the Social Security Act, or the Medicaid Program, 42 USC 1396, et seq., or

that applies (b) whose income, after taxes is 125%, or less of the current poverty threshold annually established by the Community Services Administration pursuant to s.625 of the Economic Opportunity Act, as amended, 1/ or

to you (c) who is unable to pay the fees and costs of the proceeding in which he is involved, or is unable to do so with depriving himself or his dependents of the necessities of life, including food, shelter and clothing.

Note: If the applicant checks (c), he/she should fill in the information called for in the "Supplement to the Affidavit of Indigency".

1/ This is substantially the same poverty standard used by legal services programs funded by the Federal Legal Services Corporation 42 U.S.C. s.2996f(2) (A) & (B).

The citation to s.625 of the Economic Opportunity Act appears in G. L. C. 261,9 27AS as amended by St. 1980, c. 539, §5. The section has become s.624. Pub. L. 88-452, title 6, Sec. 624.(42U.S.C. Sec.2971(d).)

Note: In filling in blanks in this paragraph and paragraph 3, be as specific as possible as to fees and costs known at time of filing this request. A supplementary request may be filed at a later time, if necessary.

E 2. Applicant requests that the following normal fees and costs (e.g., filing fee, service of process costs, etc.) either be waived, substituted or paid for by the state.
WRITE IN SPECIFIC COSTS YOU WISH THE STATE TO PAY FOR

F 3. Applicant requests that the following extra fees and costs (e.g., cost of transcribing a deposition, expert assistance, etc.) either be waived, substituted or paid by the state.
WRITE IN SPECIFIC EXTRA COSTS YOU WISH THE STATE TO PAY FOR

**THIS IS A
SAMPLE FORM.
DO NOT FILL IN
THIS FORM.
FILL IN A
BLANK FORM.**

Signed under the penalties of perjury:

G

Signature of applicant: SIGN YOUR NAME HERE

Typed/Printed name of applicant: PRINT YOUR ADDRESS HERE

Address of applicant: _____
PRINT YOUR NAME HERE

Date: FILL IN THE DATE

ALL INFORMATION CONTAINED HEREIN IS CONFIDENTIAL. IT SHALL NOT BE DISCLOSED TO ANY PARTY OTHER THAN AUTHORIZED COURT PERSONNEL OR OTHER PARTIES TO THIS LITIGATION.

(This form prescribed by the Chief Justice of the Supreme Judicial Court pursuant to G. L. C. 261 §27B, as amended by St. 1980, C.539, §6 Promulgated: March 2, 1981)

INSTRUCTIONS FOR COMPLETING THE AFFIDAVIT OF INDIGENCY AND REQUEST FOR WAIVER, SUBSTITUTION OR STATE PAYMENT OF FEES

A Put in SUFFOLK.

B Put in the Name of the Case and the Docket Number for this case, if one has been assigned.

C Put in your name.

D Read section (a). IF this is true for you, then make a check mark next to (a). If this is not true for you, then read section (b). The income guidelines are posted in the resource center. If your income is equal to or less than the amount shown in the table then check off next to (b). If neither (a) or (b) are true for you and you still think you can not afford to pay the court fees, check off next to (c). **IF YOU HAVE CHECKED (C) YOU MUST FILL OUT AN ADDITIONAL FORM SHOWING THE DETAILS OF YOUR INCOME, the Supplement to Affidavit of Indigency.** Instructions are included in this packet. Pick up the form and instructions at the Front Desk or the Resource Center.

E Fill in the kinds of costs you cannot pay for. Examples are: Filing costs, Costs of service of process, Costs of publication.

F IF there are extra costs that you cannot pay for write these in here.

G Sign the form, print your name, print your address, and put in the date.

TURN PAGE OVER FOR INSTRUCTIONS FOR COURT ORDER FOR COSTS AND FEES FORM

Fill in a blank form as shown in this sample. Read each line carefully. Do not fill in any information if it says "to be completed by the Court."

COMMONWEALTH OF MASSACHUSETTS
THE TRIAL COURT
PROBATE AND FAMILY COURT DEPARTMENT

SUFFOLK DIVISION

DOCKET NO. Write in the Docket number that has been assigned to your case

Your Name if you are filing the complaint.

Plaintiff/Petitioner

vs.

Type of Case, for example:

THE Name of the person you are filing against.

Defendant/Respondent

Complaint for Modification

(Description of Proceeding)

COURT ORDER FOR COSTS AND FEES

(M.G.L. Ch.261 S.27A et seq.)

DO NOT FILL IN THIS INSTRUCTION SHEET. FILL IN A BLANK FORM.

On application of PRINT YOUR NAME HERE

requesting waiver substitution state payment of fees and costs

required to defend prosecute

the above entitled action, it is

ORDERED

I. that normal fees and costs be waived for:

- Filing and entry
- service of process
- Costs assessed in a bill for costs
- injunction, restraining order, writ or other process
- Reduced fee for Parent Education Program
- _____

DO NOT FILL IN THIS SECTION

THE COURT WILL COMPLETE THIS SECTION

Date

Assistant Register