

AFFIDAVIT OF INDIGENCY

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

(Note: If you are **currently confined in a prison or jail** and are not seeking immediate release under G.L. c. 248 §1, but you are suing correctional staff and wish to request court payment of "normal" fees (for initial filing and service), **do not use this form**. Obtain separate forms from the clerk.)

Court	Case Name and Number (if known)
Name of applicant: <u>Anthony White</u>	
Address: <u>20 Bradston Street Boston MA 02118</u>	
(Street and number)	(City or town) (State and Zip)

SECTION 1: Under the provisions of General Laws, Chapter 261, Sections 27A-27G, I swear (or affirm) as follows:
I AM INDIGENT in that (check only one):

- (A) I receive public assistance under (check form of public assistance received):
- | | |
|---|---|
| <input type="checkbox"/> Transitional Aid to Families with Dependent Children (TAFDC) | <input type="checkbox"/> Medicaid (MassHealth) |
| <input type="checkbox"/> Emergency Aid to Elderly, Disabled or Children (EAEDC) | <input type="checkbox"/> Supplemental Security Income (SSI) |
| <input type="checkbox"/> Massachusetts Veterans Benefits Programs; or | |
- (B) My income, less taxes deducted from my pay, is \$ 31.00 per week biweekly month year
(check the period that applies) for a household of persons, consisting of myself and dependents;
which income is at or below the court system's poverty level; (Note: The court system's poverty levels for households of various sizes must be posted in this courthouse. If you cannot find it, ask the clerk or check online at:
<http://www.mass.gov/courts/sjc/docs/povertyguidelines.pdf>. The court system's poverty level is updated each year.)
- (List any other available household income for the checked period on this line: \$); or
- (C) I am unable to pay the fees and costs of this proceeding, or I am unable to do so without depriving myself or my dependents of the necessities of life, including food, shelter and clothing.

IF YOU CHECKED (C), YOU MUST ALSO COMPLETE THE SUPPLEMENT TO THE AFFIDAVIT OF INDIGENCY.

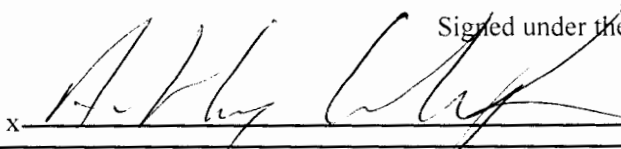
SECTION 2: (Note: In completing this form, please be as specific as possible as to fees and costs known at the time of filing this request. A supplementary request may be filed at a later time, if necessary.)

I request that the following **NORMAL FEES AND COSTS** be waived (not charged) by the court, or paid by the state, or that the court order that a document, service or object be substituted at no cost (or a lower cost, paid for by the state): (Check all that apply and, in any "\$ ____" blank, indicate your best guess as to the cost, **if known**.)

- Filing fee and any surcharge. \$ _____
- Filing fee and any surcharge for appeal. \$ _____
- Fees or costs for serving court summons, witness subpoenas or other court papers. \$ _____
- Other fees or costs of \$ _____ for (specify): _____
- Substitution (specify): _____

SECTION 3: I request that the following **EXTRA FEES AND COSTS** either be waived (not charged), substituted or paid for by the state:

- Cost, \$ _____, of expert services for testing, examination, testimony or other assistance (specify): _____
- Cost, \$ _____, of taking and/or transcribing a deposition of (specify name of person): _____
- Cassette copies of tape recording of trial or other proceeding, needed to prepare appeal for applicant **not** represented by Committee for Public Counsel Services (CPCS-public defender).
- Appeal bond
- Cost, \$ _____, of preparing written transcript of trial or other proceeding
- Other fees and costs, \$ _____, for (specify): _____
- Substitution (specify) _____

Date signed 2/2/15	Signed under the penalties of perjury  x _____
By order of the Supreme Judicial Court, all information in this affidavit is CONFIDENTIAL. Except by special order of a court, it shall not be disclosed to anyone other than authorized court personnel, the applicant, applicant's counsel or anyone authorized in writing by the applicant.	
This form prescribed by the Chief Justice of the SJC pursuant to G.L. c. 261, § 27B. Promulgated March , 2003. Fillable PDF created August 2013.	

SUPPLEMENT TO AFFIDAVIT OF INDIGENCY

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

(Note: If you checked (C) on the AFFIDAVIT OF INDIGENCY, you must complete this form.)

Court _____ Case Name and Number (if known) _____

Name of applicant: Anthony White

Address: 20 Bradston Street Boston, MA 02118
(Street and number) (City or town) (State and Zip)

Under the provisions of General Laws, Chapter 261, Sections 27A-27G, I swear or affirm as follows:

1. PERSONAL INFORMATION

- (a) Date of Birth: 6/17/74
- (b) Highest Grade in School: 12th Plus 2 yr College
- (c) Special Training: Illustration's Advertising
- (d) List any physical or mental disabilities which you wish to reveal and which affect your earning capacity or living expenses:
- _____
- (e) Number of Dependents: 7 (seven)

2. INCOME AFTER TAXES (monthly)

- (a) If from employment, list your occupation and employer's name and address:

ICE Dentition
Suffolk County HOC
20 Bradston St. Boston MA

- (b) Sources of income, if not from employment:

- (c) My gross annual income for the past twelve months was: \$ 365.00

(d) Gross Income (monthly): \$ 31.00

\$ 31.00

(e) Taxes Deducted (monthly):

Federal Tax	\$ <u>0</u>
State Tax	\$ <u>0</u>
Social Security	\$ <u>0</u>
Medicare	\$ <u>0</u>
Other Taxes (specify) _____	\$ <u>0</u>

Total Taxes Deducted

\$ 0

(f) Total Income After Taxes (subtract 2(e) from 2(d)):

\$ 31.00

(g) If any other member of your household is employed, list occupation and name and address of his/her employer and monthly income after taxes:

3. NET INCOME (monthly)

(a) Income After Taxes (from line 2(f)):

\$ 31.00

(b) Expenses (monthly):

Rent or Mortgage	\$ <u>0</u>	Uninsured Medical Expenses	\$ <u>0</u>
Food	\$ <u>0</u>	Child Care	\$ <u>0</u>
Electricity	\$ <u>0</u>	Education Expenses for Children	\$ <u>0</u>
Gas	\$ <u>0</u>	Child Support	\$ <u>0</u>
Oil	\$ <u>0</u>	Clothing	\$ <u>0</u>
Water	\$ <u>0</u>	Laundry/Cleaning	\$ <u>0</u>
Telephone	\$ <u>0</u>	Car Insurance	\$ <u>0</u>
Health Insurance	\$ <u>0</u>	Transportation Expenses	\$ <u>0</u>
Other (specify): _____			\$ <u>0</u>

Total Expenses

\$ _____

(c) Income After Taxes Minus Expenses (monthly) (subtract 3(b) from 3(a)):

\$ _____

4. ASSETS

(a) Own Home? Yes No Market Value \$ _____ Balance Owed \$ _____

(b) Own Car? Yes No Year & Make _____
Market Value \$ _____ Balance Owed \$ _____

(c) Bank Accounts (specify type and balance)

N/A

(d) Other Property including Real Estate (specify type and value)

N/A

5. DEBTS

(a) Specify: child support / student loan

6. MISCELLANEOUS

(a) Other facts which may be relevant to your ability to pay fees and costs?

Signed under the penalties of perjury:

Signature: x *Healey Whyte*

Type/Printed Name: _____

Address: 20 Brackston Street

City: Boston State: MA Zip Code: 02118

Date signed: 2/2/15

By order of the Supreme Judicial Court, all information in this affidavit is CONFIDENTIAL. Except by special order of a court, it shall not be disclosed to anyone other than authorized court personnel, the applicant, applicant's counsel or anyone authorized in writing by the applicant.
This form prescribed by the Chief Justice of the SJC pursuant to G.L. c. 261, § 27B. Promulgated March , 2003.
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