Commonwealth of Massachusetts

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)

Middlesex County Probate and Family _____
Court

_____
Case Name and Number (if known)

Name of applicant _____

Address _____
(Street and number) (City or town) (State and Zip)

Under the provisions of General Laws, Chapter 26 I, Sections 27A-G, I swear or affirm as follows:

1. **PERSONAL INFORMATION**

(a) Date of Birth: _____

(b) Highest Grade Attained in School: _____

(c) Special Training: _____

(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: _____

2. INCOME AFTER TAXES (monthly):

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

_____

_____

(b) Source of income, if not from employment: _____

_____

(c) My gross annual income for the past twelve months was: $ _____

(d) Gross Income (monthly): $ _____

(e) Taxes Deducted (monthly):

Federal Tax	$ _____
State Tax	$ _____
Social Security	$ _____
Medicare	$ _____
Other Taxes (specify)	$ _____

Total Taxes Deducted $ _____

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

(f) 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)): *$* _____

(b) Expenses (monthly):

Rent or Mortgage	$ _____	Uninsured Medical Expenses	$ _____
Food	$ _____	Child Care	$ _____
Electricity	$ _____	Education Expenses for Children	$ _____
Gas	$ _____	Child Support	$ _____
Oil	$ _____	Clothing	$ _____
Water	$ _____	Laundry/Cleaning	$ _____
Telephone	$ _____	Car Insurance	$ _____
Health Insurance	$ _____	Transportation Expenses	$ _____

Other (*specify*): $ _____

_____

Total Expenses $ _____

(C) Income After Taxes Minus Expenses (monthly) (subtract *3(b) from 3 (a)):* $ _____

4. ASSETS

(a) Own home? _____ Market Value $ _____

Balance owed $ _____

(b) Own car? _____ Year & Make _____

Market Value $ _____ Balance Owed $ _____

(c) Bank Accounts (specify type and balance) _____

_____

(d) Other Property Including Real Estate (specify type and value) _____

_____

5. DEBTS

(a) Specify: _____

_____

6. MISCELLANEOUS

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

_____

_____

Signed under the penalties of perjury,

Signature: _____

Type/Printed Name: _____

Address: _____

Date: _____

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 is prescribed by the Chief Justice of the SJC pursuant to G.L. c. 261 § 27B. Promulgated March , 2003