



# KUV PUAS YUAV THOV RAU PAB TXIAV TXIM PLAUB NTUG RAU KUV ROOJ PLAUB HAIS TXOG KEV NTIAB TAWM TSEV?

## **Koj Muaj Cai Txais Pab Txiaiv Txim Plaub Ntug**

Kev mus hais plaub ntug txog ntawm kev ntiab tawm tsev yog nyob hauv cov tsev hais plaub me, nrog ib tug kws txiaiv txim plaub, tiam si ib tug tib neeg yeej thov tau kom muaj ib pab txiaiv txim plaub ntug. Cov rooj hais plaub uas muaj pab txiaiv txim plaub ntug tom cov tsev txiaiv txim plaub me muaj rau tug tib neeg tuaj txiaiv txim. Qhov kev nug seb koj puas tsim nyob muaj pab txiaiv txim plaub ntug yog ib qho uas koj yuav tsum tau xaiv rau koj tus kheej xwb. Ntawm no yog tej yam uas koj yuav tsum tau xav txog:

## **Cov Rooj Hais Plaub Uas Muaj Pab Txiaiv Txim Plaub Ntug Siv Sij Hawm**

Cov rooj hais plaub hauv cov tsev hais plaub me feem ntau yeej ntsib thiab muaj kev txiaiv txim thawj hnub ua mus rau tim tsev hais plaub. Tiam si yog hais tias koj xav thov kom muaj pab txiaiv txim hais plaub ces yuav siv sijhawm ntev zog npaj, tshwj xeeb tam sim no, vim hais tias muaj tus kab mob coronavirus thoob ntiaj teb. Nyob ntawm tej lub county, lawv twb ncuu txoj kev hais plaub nrog pab txiaiv txim plaub ntug. Qhov no txhais tau hais tias tej zaum koj rooj plaub yuav qhib ntev zog, thiab tej zaum yuav siv sij hawm ntev ua ntej mam muaj kev txiaiv txim.

## **Cov Rooj Hais Plaub Uas Muaj Pab Txiaiv Txim Plaub Ntug Yuav Muaj Kev Cai Zog**

Cov rooj plaub hauv cov tsev hais plaub me, feem ntau cov tib neeg xaiv tsev tsis muaj ib tug kws lij choj, ces tus kws txiaiv txim plaub ntug yeej hais lus ncaj qha. Qhov txheej txheem mus ceev heev li thiab tsis muaj kev cai ntau. Tus kws txiaiv txim plaub ntug yuav saib cov ntau ntawv pov thawj thiab mloog cov lus uas tib neeg npaj hais. Feem ntau, tus kws txiaiv txim plaub yeej yuav txiaiv txim rau hnub ntawv.

Ib rooj plaub uas muaj pab txiaiv txim plaub ntug yuav muaj txheej txheem ntau dua. Ua ntej hnub uas yuav mus hais plaub, tej zaum yuav muaj ntau lub sij hawm teem mus npaj hais plaub.

Qhov uas yuav cia koj npaj pov thawj tuaj yuav nruj dua, thiab tus kws txiaiv txim plaub yuav siv txoj cai Rules of Evidence, txwv tsis pub siv thov pov thawj uas lawv kam koj siv hauv cov rooj plaub hauv cov tsev hais plaub me. Qhov no yog ib qho uas yuav pab koj, tiam si nyob ntawm seb tej khoom pov thawj hauv koj rooj plaub yog muaj le cas.

## **Koj Yuav Tsum Muaj Pov Thawj Khov**

Yog koj xav thov rooj hais plaub, koj yuav tsum muaj “valid legal grounds for a contest.” Txhais tau hais tias koj yuav tsum muaj cov lus tseem ceeb thiab pov thawj tuaj sib hais thiab qhia vim li cas koj thiaj tsis tsim nyog raug ntiab tawm. Tsis txhob thov rau ib rooj plaub uas muaj pab txiaiv txim plaub ntug yog hais tias koj tsuas xav thab koj tus tswv tsev lossis ncuu lub sijhawm kom ntev xwb. Qhov no tej zaum yuav ua rau koj raug nplua los ntawm lub tsev hais plaub.

## **Yuav Thov Pab Txiam Txim Plaub Ntug Li Cas**

**Sau Ntawv!** Yog koj xav kom muaj pab txiaiv txim plaub ntug, koj yuav tsum sau ntawv tuaj thov. Thiab koj yuav tsum muab koj tsab ntawv hnub (lossis ua ntej) thawj hnub uas koj mus rau tim tsev hais plaub li teem tseg lawm. Tom qab thawj hnub uas mus hais plaub, koj yuav thov tsis tau kom muaj pab txiaiv txim plaub ntug lawm.

**Daim Ntawv Thov Kev Pab Kom Txhob Tau Them Nqi Thov Kom Muaj Pab Txiaiv Txim Plaub:** Tus nqi them thaum ib tug thov kom muaj pab txiaiv txim plaub ntug yog \$89. Yog koj them tsis tau tus nqi no, tej zaum koj yuav txais tau kev pab them yog hais tias koj cu thiab xa tsab ntawv hu ua Petition for Waiver of Fees, uas muaj nyob nrog cov ntau ntawv no.

## **Koj Puas Xav Tau Kev Pab?**

Yog xav paub seb koj puas tsim nyog txais kev pab dawb, hu rau Legal Action of Wisconsin ntawm 1-855-947-2529.

STATE OF WISCONSIN

CIRCUIT COURT

\_\_\_\_\_ COUNTY

SMALL CLAIMS BRANCH

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Plaintiff,

Case No.: \_\_\_\_\_

vs.

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Defendant.

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DEMAND FOR JURY

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Pursuant to Wis. Stat. § 799.21(3), the Defendant, \_\_\_\_\_, hereby makes a demand for a trial by jury.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_  
*Pro Se Defendant*

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_

*This document was prepared with the assistance of a lawyer.*

Amended

-vs-

**Petition for Waiver of Fees and Costs - Affidavit of Indigency**

Case No. \_\_\_\_\_

**UNDER OATH, I STATE THAT** because of poverty, I am unable to pay  any filing and service fees, including the electronic filing fee, or  \_\_\_\_\_, in this action, proceeding, or appeal, or to give security for those fees, and request waiver of those fees. I am attaching a copy of my pleading in this matter.

**Complete Section 1 if you receive aid from any of the programs listed.  
If you do not receive aid, complete Section 2 only.**

**Section 1.**

- I currently receive
- Supplemental security income.       Relief funded under §59.53(21), Wis. Stats.       Medical assistance.
- Food stamps/FoodShare.       Relief funded under public assistance.
- Benefits for veterans under §45.40 (1m) or 38 USC 501-562.
- Legal representation from a civil legal services program or a volunteer attorney program based on indigency.
- Name of program: \_\_\_\_\_
- Other means-tested public assistance: \_\_\_\_\_

My financial situation  has  has not changed since I became eligible for this program.

**If you checked the "has" box, and such changes would make you ineligible for the program(s) if you applied today, you must complete Section 2.**

**Section 2.**

1. I  am  am not married.
2. I  am  am not employed. Name of employer: \_\_\_\_\_
3. I earn [Gross pay] \$ \_\_\_\_\_  weekly.  every 2 weeks.  twice monthly.  monthly.  
My take-home pay [after taxes and deductions] is \$ \_\_\_\_\_ per pay period.
4. I receive gross monthly income totaling the amount of \$ \_\_\_\_\_ from  
 Pension     Social security     Unemployment compensation  
 Disability     Student loans/grants     Other: \_\_\_\_\_
5. I have the following cash assets:  
 Savings accounts: \$ \_\_\_\_\_       Cash: \$ \_\_\_\_\_  
 Checking accounts: \$ \_\_\_\_\_       Money owed me: \$ \_\_\_\_\_
6. I have the following other assets:  
 Vehicle-Yr./Make: \_\_\_\_\_ \$ \_\_\_\_\_       Household furnishings: \$ \_\_\_\_\_  
 Vehicle-Yr./Make: \_\_\_\_\_ \$ \_\_\_\_\_       Equity in real estate: \$ \_\_\_\_\_  
 Other individual assets valued over \$200 each: \_\_\_\_\_ \$ \_\_\_\_\_
7. My household consists of myself and \_\_\_\_\_ others:  
Full name: \_\_\_\_\_ Relationship to me: \_\_\_\_\_ Under age 18  Yes  No  
Full name: \_\_\_\_\_ Relationship to me: \_\_\_\_\_ Under age 18  Yes  No  
Full name: \_\_\_\_\_ Relationship to me: \_\_\_\_\_ Under age 18  Yes  No  
Full name: \_\_\_\_\_ Relationship to me: \_\_\_\_\_ Under age 18  Yes  No  
Full name: \_\_\_\_\_ Relationship to me: \_\_\_\_\_ Under age 18  Yes  No

8. The other members of my household have gross monthly income totaling the amount of \$ \_\_\_\_\_ from

Wages       Social security       Relief funded under public assistance       Food stamps/FoodShare  
 Pension       Student loans/grants       Unemployment compensation       Supplemental security income  
 Disability       Relief funded under §59.53(21), Wisconsin Statutes       Support/maintenance  
 Other: \_\_\_\_\_

9. I have the following debts:      Amount:      Monthly Payment:

a. Mortgage/Rent	\$ _____	\$ _____
b. Auto loan	\$ _____	\$ _____
c. Credit cards	\$ _____	\$ _____
d. Other: _____	\$ _____	\$ _____
e. _____	\$ _____	\$ _____

10. I have the following unusual expenses, other than ordinary living expenses:

\_\_\_\_\_

\_\_\_\_\_

I understand that if my financial situation changes,  
I must notify the court immediately.

State of \_\_\_\_\_

County of \_\_\_\_\_

Subscribed and sworn to before me on \_\_\_\_\_

\_\_\_\_\_

Notary Public/Court Official

\_\_\_\_\_

Name Printed or Typed

My commission/term expires: \_\_\_\_\_

► \_\_\_\_\_

Signature

\_\_\_\_\_

Print or Type Name

\_\_\_\_\_

Date of Birth

\_\_\_\_\_

Address

\_\_\_\_\_

Email Address

\_\_\_\_\_

Telephone Number      Date