



Financial Information & Service Center, Inc.  
 dba: CCCS of Northeastern Wisconsin  
 800-366-8161  
[www.fisc-cccs.org](http://www.fisc-cccs.org)

**FINANCIAL INTAKE FORM**

A certified financial counselor will help you assess your financial situation and provide available options.

**Get Started Now**

Choose one of these 3 easy options:

**Option 1 - Go ONLINE**

This is the quickest and easiest way.

1. Go to [www.fisc-cccs.org](http://www.fisc-cccs.org).
2. Click "Get Out Of Debt Now" button.
3. Please note the computer will time out after 30 minutes of inactivity. If you get locked out simply use your Client ID and PIN number to continue.
4. Follow directions on screen and submit.
5. Someone will contact you within 1 business day of submitting your information about scheduling a free consultation.

**Option 2 - Call 1-800-366-8161**

Call us to schedule a FREE CONSULTATION.

**Option 3 - Fill out this form and:**

Send to:	OR	Drop off in person:
FISC		FISC
PO Box 335		Goodwill Campus
Menasha, WI 54952		1800 Appleton Rd
		Menasha, WI 54952

**For ONLINE BANKRUPTCY**

1. Go to [www.fisc-cccs.org](http://www.fisc-cccs.org)
2. Hover on "Our Services"
3. Drop down menu choose "Bankruptcy"
4. Scroll down and choose "Pre-Filing" or Pre-Discharge" option.



FISC is a program of Goodwill NCW



**FEEES**

**\$25 FINANCIAL COUNSELING APPOINTMENT**

If you pursue financial counseling, \$25 will be collected at the first counseling appointment which will include the Debt Management Plan (DMP) set-up fee, if applicable. If you believe you are unable to pay, a counselor will determine if the fee can be waived. Counseling is offered without regard to a debtor's ability to pay. *Acceptable forms of payment:* cash, debit card, or money order only.

**BANKRUPTCY RELATED FEES**

*Pre-Filing Counseling* - \$50 **non-refundable** fee per person.

*Pre-Discharge Education*—\$25 **non-refundable** fee per person.

Fees will be waived if your household current income is less than 150% of poverty guidelines updated periodically in the Federal Register by the U.S. Department of Health and Human Services under the authority of 42 U.S.C. 9902(2), as adjusted from time to time, for a household or family of the size involved in the fee determination.

For questions, call (920)886-1000.

Cash or money order only payable to **FISC** or debit card. Fees are the same whether in person or online.

**HOUSING COUNSELING**

No fees apply

**DEBT MANAGEMENT PLAN FEES**

The monthly fee for debt management plans is 10% of the amount paid to your creditors with a maximum monthly fee of \$50. Your financial counselor will determine your need for this program.

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

Appointment Time: \_\_\_\_\_

Counselor: \_\_\_\_\_

Payment Date \_\_\_\_\_ Collect Fee \_

**Applicant:** (Please Print)

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Gender: M F Birth date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Social Security #: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_

Evening Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

County: \_\_\_\_\_

Number of Dependents: \_\_\_\_ Number in Household: \_\_\_\_

Marital Status: S M Div Sep Widow

Education Level: Elem HS College

Veterans/Active Duty/Reserves: Yes No

Ethnic group:

- White (not of Hispanic origin)
- Black/African American
- Hispanic/Latino
- Asian
- Hmong
- American Indian or Alaskan Native
- Native Hawaiian or other Pacific Islander
- Other (please specify) \_\_\_\_\_

**Co-Applicant:** (Please Print)

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Gender: M F Birth date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Social Security #: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_

Evening Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Education Level: Elem HS College

Veterans/Active Duty/Reserves: Yes No

Ethnic group:

- White (not of Hispanic origin)
- Black/African American
- Hispanic/Latino
- Asian
- Hmong
- American Indian or Alaskan Native
- Native Hawaiian or other Pacific Islander
- Other (please specify) \_\_\_\_\_

Housing: Own Rent Buying Other

Type of financing: \_\_\_\_\_

Months Delinquent? \_\_\_\_\_ Lender \_\_\_\_\_

Home Equity Loan? Yes No

	<u>Present Value</u>	<u>Amount Owed</u>		<u>Present Value</u>	<u>Amount Owed</u>
Auto Loan #1	\$ _____	\$ _____	Cottage/Cabin	\$ _____	\$ _____
Auto Loan #2	\$ _____	\$ _____	Other	\$ _____	\$ _____
Mortgage Loan	\$ _____	\$ _____	Other	\$ _____	\$ _____
2nd Mortgage	\$ _____	\$ _____	Other	\$ _____	\$ _____
Rec Vehicles	\$ _____	\$ _____	Savings Acct	\$ _____	
Land	\$ _____	\$ _____	Checking Acct	\$ _____	
Student Loans	..... \$ _____	\$ _____	<b>Deferred Y</b> <input type="checkbox"/> <b>N</b> <input type="checkbox"/>		
State Taxes owed	\$ _____	Estimated Amount of last year's State Refund	\$ _____		
Federal Taxes owed	\$ _____	Estimated Amount of last year's Federal Refund	\$ _____		

**Applicant's Employment Status:** Unemployed F/T P/T Self Employed Retired

Employer: \_\_\_\_\_

Occupation: \_\_\_\_\_ Gross Pay Check \$ \_\_\_\_\_ Net Pay Check \$ \_\_\_\_\_

Salaried or Hourly (**circle one**) SSI Income/Pension/Other \_\_\_\_\_

Pay Period: Weekly/ Bi-weekly/Semi-Monthly/Monthly (**circle one**)

Additional Employment? \_\_\_\_\_ Additional Income \$ \_\_\_\_\_

**Co-Applicant's Employment Status:** Unemployed F/T P/T Self Employed Retired

Employer: \_\_\_\_\_

Occupation: \_\_\_\_\_ Gross Pay Check \$ \_\_\_\_\_ Net Pay Check \$ \_\_\_\_\_

Salaried or Hourly (**circle one**) SSI Income/Pension/Other \_\_\_\_\_

Pay Period: Weekly/ Bi-weekly/Semi-Monthly/Monthly (**circle one**)

Additional Employment? \_\_\_\_\_ Additional Income \$ \_\_\_\_\_



## Your Monthly Living Expenses

(Round to the nearest dollar)

Rent or Mortgage	
2 <sup>nd</sup> Mortgage/Equity Line	
Home owner/Rental Insurance	
Property Tax	
Home maintenance/Improvement	
Heat/Electric/Gas	
Phone/Cell Phone	
Internet/Cable TV	
Water/Sewer/Trash	
Food	
Lunches/Snacks	
Dining Out	
Gas/Bus Fare	
Auto Maintenance/Repair	
License & Registration	
Vehicle Insurance	
Car Payment 1	
Car Payment 2	
Child Care/Babysitting	

Doctor/Dentist/Ortho	
Prescriptions	
College Student Loans	
Pet Food & Expenses	
Paper/Cleaning Products	
Clothing/Shoes	
Books/Papers/Magazines	
Student Tuition/Lessons	
Church Tithes	
Major Holidays/Gifts/Cards	
Hair Care/Personal Care	
Health Club	
Tobacco/Alcohol	
Vacations	
Entertainment – non-food	
Gambling	
Other/	
Other/	
Other/	

**Please describe your financial concerns and what you are hoping to obtain from financial counseling.**

Please tell us how you heard about FISC: \_\_\_ Attorney \_\_\_ Friend/Family \_\_\_ Billboard \_\_\_ EAP \_\_\_ Bankruptcy Attorney  
 \_\_\_ Creditors \_\_\_ Employer \_\_\_ Co-Worker \_\_\_ NFCC Referral \_\_\_ Pay Day Lender \_\_\_ Credit Union/Bank \_\_\_ Phone Book  
 \_\_\_ Church \_\_\_ Another Agency \_\_\_\_\_

**FACTS**

**WHAT DOES the Financial Information & Service Center (FISC) DO WITH YOUR PERSONAL INFORMATION?**

**Why?**

Financial companies choose how they share your personal information. Federal law gives consumers the right to limit some but not all sharing. Federal law also requires us to tell you how we collect, share, and protect your personal information. Please read this notice carefully to understand what we do.

**What?**

The types of personal information we collect and share depend on the product or service you have with us. This information can include:

- Social Security number and income
- assets and aggregate case file information
- debt history and information needed by creditors

When you are *no longer* our customer, we continue to share your information as described in this notice.

**How?**

All financial companies need to share customers' personal information to run their everyday business. In the section below, we list the reasons financial companies can share their customers' personal information; the reasons FISC chooses to share; and whether you can limit this sharing.

Reasons we can share your personal information	Does FISC share?	Can you limit this sharing?
<b>For our everyday business purposes—</b> such as to process your transactions, maintain your account(s), respond to court orders and legal investigations, or report to credit bureaus	Yes	No
<b>For our marketing purposes—</b> to offer our products and services to you	Yes	No
<b>For joint marketing with other financial companies</b>	No	No
<b>For our affiliates' everyday business purposes—</b> information about your transactions and experiences	Yes	No
<b>For our affiliates' everyday business purposes—</b> information about your creditworthiness	No	Yes
<b>For our affiliates to market to you</b>	No	Yes
<b>For nonaffiliates to market to you</b>	No	Yes

**Questions?**

Call 800-366-8161

**Who we are**

**Who is providing this notice?**

This notice is provided by the Financial Information & Service Center, Inc. (FISC), a Consumer Credit Counseling agency.

**What we do**

**How does FISC protect my personal information?**

To protect your personal information from unauthorized access and use, we use security measures that comply with federal law. These measures include computer safeguards and secured files and buildings.

**How does FISC collect my personal information?**

We collect your personal information, for example, when you

- provide information to us or authorize us to pull a credit report
- give us income or debt information
- we also collect information from others, such as credit bureaus and creditors.

**Why can't I limit all sharing?**

Federal law gives you the right to limit only

- sharing for affiliates' everyday business purposes—information about your creditworthiness
- affiliates from using your information to market to you
- sharing for nonaffiliates to market to you

State laws and individual companies may give you additional rights to limit sharing.

**Definitions**

**Affiliates**

Companies related by common ownership or control. They can be financial and nonfinancial companies.

- *Our affiliates include Payment Partner and Goodwill of North Central Wisconsin, Inc. FISC is a program of Goodwill NCW.*

**Nonaffiliates**

Companies not related by common ownership or control. They can be financial and nonfinancial companies.

- 

**Joint marketing**

A formal agreement between nonaffiliated financial companies that together market financial products or services to you.

- 

**Other important information**

**CCCS of Northeastern Wisconsin**

PO Box 335  
Menasha, WI 54952  
920-886-1000

1660 W Mason St  
Green Bay, WI 54311  
920-569-1598

57 N 12<sup>th</sup> Ave  
Sturgeon Bay, WI 54235  
920-743-1862

1600 W 20th  
Oshkosh, WI 54901  
920-966-1200

Sign  
and  
Return

**PRIVACY POLICY:** Financial Information & Service Center, Inc./dba Consumer Credit Counseling Service (CCCS) of Northeastern Wisconsin asks clients to describe their personal financial information so that we can provide services to our clients.

1. We do not disclose non-public personal information about our clients or former clients to anyone, except as permitted by law.
2. We may compile aggregate information that you give us, but do not disclose this in a way that would identify you.
3. We may disclose some information that we collect, as described in the CCCS Privacy Form, to creditors or third parties who need this information to assist you after a counseling session, or to put you on a Debt Management Program (DMP).
4. We may disclose some information to contracting, auditing, licensing and contracting personnel who need this information.
5. Our Privacy Practices are explained on the CCCS Privacy Form.

**Release:** I acknowledge receiving the CCCS Privacy Form. I authorize this Consumer Credit Counseling Service to release non-public personal information it obtains about me to 1) my creditors, 2) any third parties necessary to resolve the matters discussed during my counseling sessions, and 3) auditing, contracting, licensing and accrediting personnel. I authorize all of my creditors to provide non-public personal information about me to this Consumer Credit Counseling Service.

Consumer \_\_\_\_\_ Date \_\_\_\_\_

Consumer \_\_\_\_\_ Date \_\_\_\_\_

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## AGREEMENT FOR SERVICES

THE SINGULAR IS USED EVEN WHEN THE PLURAL MAY APPLY

I hereby authorize CCCS of Northeastern Wisconsin, a business conducted by FISC (CCCS), a non-profit agency, its employees, agents and volunteers to counsel and advise me on its money management and budgeting pertaining to my financial situation. Our counselors are trained and certified in accordance with the National Foundation for Credit Counseling (NFCC).

Client fees for the counseling program include:

- FREE INITIAL ASSESSMENT (up to 30 minute session with a certified credit counselor by phone, online or in person to help you assess your financial situation and provide available options)
- \$25 FINANCIAL COUNSELING APPOINTMENT (which includes a DMP set-up fee, if applicable) If you pursue financial counseling, the \$25 will be collected at the first counseling appointment.
- PRE-BANKRUPTCY COUNSELING: \$50 per person. This fee will be waived if your household current income is less than 150 percent of the poverty guidelines updated periodically in the Federal Register by the U.S. Department of Health and Human Services under the authority of 42 U.S.C. 9902(2), as adjusted from time to time, for a household or family of the size involved in the fee determination.

In addition to client fees this agency receives financial support from funders. A portion of funding comes from voluntary contributions from creditors who participate in DMPs. Since creditors have a financial interest in having debts repaid, most are willing to make a contribution to help fund the overall services of the agency.

I hereby hold CCCS, its employees, agents and volunteers harmless from any claim, suit, action, or demand of my creditors, myself or any other person arising out of or connected with said advice or counseling. Nothing herein shall apply to actions or claims under the provisions of the United States Bankruptcy Code, 11 U.S.C. 101 et seq.

Furthermore, I understand that bankruptcy is a legal matter and that CCCS does not give legal advice. If I am referred to an attorney by CCCS, I understand that this is only to obtain legal advice and not a recommendation to file bankruptcy. If I am referred to an attorney, I will contact CCCS, and inform CCCS of the outcome of the advice given.

In the event I have an FHA (HUD) mortgage, I hereby authorize CCCS, a non-profit agency, its employees, agents and volunteers to contact my mortgage company for the purpose of requesting our FHA Case Number.

I hereby authorize CCCS, a non-profit agency, its employees, agents and volunteers:

1. To act for me in a plan to liquidate my financial obligations.
2. To communicate with my creditor(s), asset holder(s) and others for obtaining information about my account(s), including, but not limited to verifying balances, payments, interest rates and late charges.
3. To provide my creditor(s), asset holder(s) and others with such information as is deemed necessary, in the sole discretion of CCCS, for my creditor(s), asset holder(s) and others to implement the plan, and providing my creditor(s) and others with my personal information, including but not limited to, home address(es), telephone number(s), employment information, income, assets and debts.
4. To make necessary arrangements with my creditors and others to aid in the solution of my financial problems.
5. To obtain a credit report from and/or to inform any credit reporting agency of my participation in the repayment plan. A Debt Management Plan may affect my credit report either favorably or unfavorably according to a creditor's policy with respect to a DMP and my payment history prior to and during my participation in a DMP.
6. To contact, cooperate and exchange information with any law enforcement, prosecuting agency or collection agency.

Further, I authorize any collection agency to release and continue to release, any and all information in its files to CCCS until I revoke authorization to the collection agency in writing.

I further agree:

1. To cooperate with present creditor(s) on my/our behalf until a repayment plan can be set up through CCCS and to perform my obligation as agreed upon in such a plan.
2. That CCCS has no responsibility or obligation for any past, present or future credit rating to the client by any of his or her creditors.
3. To hold CCCS, its employees, agents and volunteers harmless from any claim, suit action or demand of my creditor(s), myself or any other person arising out of or connected with said establishment and implementation of such a plan. Nothing herein shall apply to actions or claims under the provisions of the United States Bankruptcy Code, 11 U.S.C. 101 et seq.

Date \_\_\_\_\_

Applicant \_\_\_\_\_ Counselor \_\_\_\_\_

Co-Applicant \_\_\_\_\_ Counselor \_\_\_\_\_



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## STATEMENT OF COUNSELING SERVICES

Please read the following statements carefully to understand CCCS procedures.  
Please initial next to each statement to indicate understanding of that provision.

- \_\_\_1. I understand the program will provide confidential, comprehensive personal money management interviews should I choose to pursue a one-on-one financial counseling arrangement. In addition to general financial counseling, CCCS of NE Wisconsin also provides counseling in specific areas such as housing, foreclosure prevention, bankruptcy as well as other services including Debt Management Plans and educational workshops. Clients are not obligated to receive or purchase any other services offered by FISC in order to receive counseling of any type, including but not limited to budget, housing or bankruptcy counseling.
- \_\_\_2. I understand that a certified consumer credit counselor or qualified consumer credit counselor will conduct the interview. All action plans not conducted by a certified consumer credit counselor will be reviewed by a certified credit counselor. Our counselors are trained and certified in accordance with the National Foundation for Credit Counseling ("NFCC"). A qualified consumer credit counselor has been trained but has not, as yet passed all of the required tests.
- \_\_\_3. I understand if I am dissatisfied, I can utilize the Complaint Resolution Process.
- \_\_\_4. I understand that financial counseling is offered without regard to a debtor's ability to pay. Bankruptcy counseling fees will be waived if your income is less than 150 percent of the poverty guidelines updated periodically in the Federal Register by the U.S. Department of Health and Human Services under the authority of 42 U.S.C. 9902(2), as adjusted from time to time, for a household or family of the size involved in the fee determination. I understand that financial support for the agency comes from various funders.
- \_\_\_5. I understand that most funding for the DMP program comes from voluntary contributions from creditors who participate in Debt Management Programs (DMP). Since creditors have a financial interest in getting paid, most are willing to make a contribution to help fund the agency. These contributions are usually calculated as a percentage of payments made through the DMP, which can be up to fifteen percent (15%) of each payment received. However, all accounts with creditors will always be credited with one hundred percent (100%) of the amount paid through CCCS. CCCS will work with all creditors regardless of whether they contribute to the agency.
- \_\_\_6. I understand that the decisions I make regarding my financial concerns are ultimately the result of my own choices. Therefore, I agree to hold the agency, its employees and volunteers harmless from any claim, suit, action or demand of my creditors, myself or any other person resulting from advice or counseling. Nothing herein shall apply to actions or claims under the provisions of the United States Bankruptcy Code, 11 U.S.C 101 et seq.
- \_\_\_7. Should I choose to seek one-on-one counseling, I understand that, in that process, I will be given a written assessment outlining a suggested client action plan which will be based on the following options:
- A) I may choose to handle financial concerns on my own.
  - B) I may choose to enroll in the agency's Debt Management Program (DMP). A DMP serves a dual role of helping me repay my debts and helping creditors to receive the money owed to them.
    - My participation in a debt repayment program may change information which is already on my credit report. If my credit report reflects that I have paid creditors as agreed in the past, a Debt Repayment Plan could have a negative impact on a creditworthiness decision by a potential creditor, landlord, or employer in the future.
    - In addition, creditors may report that I am on a Debt Management Program and am not paying as originally agreed although they have accepted the reduced payment.
    - I understand the agency has no responsibility or obligation for any past, present, or future credit rating I receive.
  - C) I should also be aware that debts to creditors I repay through the plan may be able to be discharged through bankruptcy. Counselors may answer questions about bankruptcy, but cannot provide legal advice.
  - D) I may be referred to other services of the organization or another agency or agencies as appropriate that may be able to assist with particular problems that have been identified.
- \_\_\_8. I understand that receipt of financial counseling services does not automatically guarantee participation in the Debt Management Program.
- \_\_\_9. I understand that at some time in the future, my information may be used for confidential research and/or a neutral third party may contact me to request an evaluation of the program's services.

Applicant \_\_\_\_\_

Counselor \_\_\_\_\_

Co Applicant \_\_\_\_\_

Date \_\_\_\_\_

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## Pre-Bankruptcy Counseling Disclosure

Welcome! We understand that you are here because you are experiencing financial problems, and that you may be considering filing for bankruptcy and are required to receive "counseling" before you may file.

Our role is not to be judgmental, but to aid. Specifically, we will do a budget analysis that will examine your financial situation, discuss the factors that may be the cause of your problems, and explore your options for developing a reasonable plan for dealing with them. We will provide you with information about bankruptcy, including its process and possible consequences. We will also consider alternatives to bankruptcy to resolve your problems. The purpose of this session is to provide you with information so that YOU may chose the option that you think is best. After counseling, you will promptly be provided with a certificate that you will need should you decide to file for bankruptcy. The certificate is valid for up to 180 days from date of completion of counseling.

This agency is a member of the National Foundation for Credit Counseling ("NFCC"). The NFCC has high standards for quality credit counseling and financial education, and this agency complies with those standards. In addition, this agency is accredited by the Council on Accreditation ("COA"), an independent third-party organization that reviews and monitors entities that provide social services. We are a non-profit agency. We are organized and operate in accordance with Section 501(c)(3) of the Internal Revenue Code.

The consumer credit counselor conducting or supervising this session has been trained and certified in accordance with the NFCC standards, and while he/she has expertise in helping those with financial problems, he/she cannot provide you with legal advice. In fact, this session is designed to provide you with information and alternatives; it is not intended to take the place of a consultation with an attorney to explore your legal rights and options.

To assist you, it is essential that you provide us with information that is as accurate and complete as possible. For that reason, we may ask you to authorize us to access your credit history. Rest assured that the information concerning your financial condition and status that you provide during this session is strictly confidential. Such information would include, but is not limited to, income, debts, credit accounts, earnings, assets, and employment data. We will not disclose any such information that you provide orally or in writing to anyone, except as authorized by you in writing or as required by law, such as in response to a subpoena or to the United States Bankruptcy Trustees about their oversight. We may compile data and aggregate information that you give us, but this information will not be disclosed in any manner that would personally identify you. This agency will not disclose or provide any information about this session to a credit reporting agency. If you should decide to declare bankruptcy it will remain on your credit report for up to 10 years. If you should decide to enter into a Debt Management Plan ("DMP") (which will be explained in the course of this session) you will be provided with separate agreement and disclosure forms.

To help cover the cost of providing this service, we charge a fee of \$50 per person. This fee will be waived if your current income is less than 150 percent of the poverty guidelines updated periodically in the Federal Register by the U.S. Department of Health and Human Services under the authority of 42 U.S.C. 9902(2), as adjusted from time to time, for a household or family of the size involved in the fee determination. Please ask us if you have questions about these income levels. Interpreters provided upon request for non-English speakers and the hearing impaired at no cost. There is no fee for generating certificates.

This agency also receives financial support from various funders. A portion of funding for this agency comes from voluntary contributions from creditors who participate in DMPs. Since creditors have a financial interest in having debts repaid, most are willing to make a contribution to help fund the overall services of this agency. These contributions are usually calculated as a percentage of payments that are made through a DMP. Again, should you decide to enter into a DMP, you will receive specific information on how the plan works and how the agency is funded. FISC does not pay referral fees. The EOUST has not reviewed other instructional services. The EOUST has reviewed only the agency's counseling/instruction services and no other services the agency may provide.

**I have read and understand the disclosures made above.**

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

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

Printed Name: \_\_\_\_\_

Printed Name: \_\_\_\_\_

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

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

**Bankruptcy Fees Waived**  
**if income is at or below the following levels**  
**(150% of Federal Poverty Guidelines)**

<b>Number in Household</b>	<b>Gross Annual Income</b>	<b>Gross Monthly Income</b>	<b>Gross Bi-weekly Income</b>	<b>Gross Weekly Income</b>
1	\$17,820	\$1,485	\$685	\$343
2	\$24,060	\$2,005	925	463
3	\$30,324	\$2,527	\$1,166	\$583
4	\$36,576	\$3,048	\$1,406	\$703
5	\$42,828	\$3,569	\$1,647	\$824
6	\$49,080	\$4,090	\$1,888	\$944
7	\$55,332	\$4,611	\$2,128	\$1,064
8	\$61,584	\$5,132	\$2,387	\$1,184

Each additional person add \$6,252 <https://www.wicourts.gov/forms1>

July 1, 2016 –June 30, 2017 GRS