

STATE OF CONNECTICUT DEPARTMENT EMERGENCY SERVICES AND PUBLIC PROTECTION DIVISION OF STATE POLICE



State Police Bureau of Identification

CRIMINAL HISTORY RECORD FEE WAIVER REQUEST AND AFFIDAVIT PETITIONERS FOR PARDONS

Monetary Information					
a.	Are you employed? Yes	No			
b. Do you receive assistance from these government programs -SSI, HUSKY, SNAP, or TFA?					
	Yes	No			
c.	Number of people living in your househ	nold:			
		Indigency	y Qualification		
There shall be a rebuttable presumption that a person is indigent and unable to pay a fee if (1) such person receives public assistance, or (2) such person's income after taxes, mandatory wage deductions and child care expenses is one hundred twenty-five per cent or less of the federal poverty level (see below table or click here for up to date data); 'public assistance' includes, but is not limited to, state-administered general assistance, temporary family assistance, aid to the aged, blind and disabled, supplemental nutrition assistance and Supplemental Security Income.					
		Family Size	Annual Income		
		1 2	\$16,100 \$21,775		
		3	\$27,450		
		4	\$33,125		
		5	\$38,800		
		6	\$44,475		
		7	\$50,150		
		8	\$55,825		
	Each add'l person, add: \$5,675				
Policy Regarding Criminal History Indigence					
It is the policy of the Department of Emergency Services and Public Protection ("Department"), in compliance with Connecticut General Statutes Section 29-11 and in accordance with Public Act No. 21-32, to provide a criminal history record free of charge to individuals who provide sufficient information to establish that they are indigent for the purposes of their pardons.					
This policy applies to any requester seeking a waiver of the statutory fees as an indigent individual pursuant to Connecticut General Statutes Section					
29-11 and in accordance with Public Act No. 21-32. Information provided by the requester shall be considered by the Department in determining indigence and fee waiver. Note: A determination by another agency or entity that an individual is indigent for any purpose will not be binding on the Department.					
I,, hereby certify that I believe I meet the requirements of the Department of Emergency Services and Public Protection's Indigence Policy located above, and I request that the fee for the criminal history record I have requested in the amount of \$75.00 be waived. In support of this request, I have fully and accurately completed the information above.					
I hereby swear that the information contained in this Affidavit is true and accurate to the best of my knowledge and belief. I understand that any false statement herein, which I do not believe to be true and which is intended to mislead a public servant in the performance of his or her official function, is punishable by law (See C.G.S. §53a-157b.)					
Signed: Date:					

State Police Bureau of Identification 1111 Country Club Road Middletown, CT 06457 Phone: (860) 685-8480/Fax: (860) 685-8361