



**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 household: _____

Indigency 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	\$16,100
2	\$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: _____

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