



REQUEST FOR EXEMPTION FROM ANSWER FEES, SDCL 16-2-58.1, 16-2-58.2

NAME: _____ CASE: _____

Effective July 1, 2017, the South Dakota Legislature established a \$25 fee to file an answer (or “responsive pleading”) in certain civil cases to support legal aid for low income individuals (SDCL 16-2-58.1, 16-2-58.2). However, the fee is not to be collected from recipients of public assistance or services under Title 28, or may be waived by the court for indigent persons who are unable to pay under SDCL 16-2-29.2 and 16-2-29.3. To request this exemption, please check any of the forms of assistance which you currently receive. If you do not qualify for an Exemption but would like to request a Waiver, please fill out an Application for Waiver of \$25 Filing Fee.

- _____ Utility Assistance/LIEAP (Low Income Energy Assistance Program) (SDCL 28-1-46)
 - _____ Childcare (daycare) assistance for low income families (SDCL 28-1-60)
 - _____ Payments to families of Adopted Children (SDCL 28-1-64)
 - _____ Child Support Collection and Payment Services through DSS (SDCL 28-1-65)
 - _____ Medical Assistance to the Aged (SDCL 28-5-24)
 - _____ Supplemental Security Income (SSI) (SDCL 28-5A)
 - _____ Medical Services to the Indigent/Medicaid (SDCL 28-6)
 - _____ Subsidized chiropractic care (SDCL 28-6-4.6)
 - _____ Subsidized nursing home or assisted living care (SDCL 28-6-17)
 - _____ Subsidized nursing and rehabilitative services (SDCL 28-6-37)
 - _____ Subsidized kidney treatment and dialysis services (SDCL 28-6A)
 - _____ Prenatal/unborn child care assistance (SDCL 28-6B)
 - _____ TANF (Temporary Assistance to Needy Families) (SDCL 28-7A)
 - _____ Social Services/Human Services agency referral assistance under Title XX (SDCL 28-8)
 - _____ Special Services for Handicapped Individuals (SDCL 28-8A)
 - _____ Vocational Rehabilitation Services (SDCL 28-9)
 - _____ Services to the Visually Impaired (SDCL 28-10)
 - _____ Social Security Disability (SSDI) (SDCL 28-11)
 - _____ Food Stamps (SDCL 28-12)
 - _____ County Assistance for Organ Transplant (SDCL 28-13A-13)
 - _____ Burial at County Expense for Indigent Family Dependents (SDCL 28-17)
 - _____ Assistance under the ABLE Savings Program (for the disabled) (SDCL 28-21)
 - _____ Other forms of County, State or Federal Assistance Under Title 28 generally including:
 - _____ SNAP (Supplemental Nutrition Assistance Program/school lunches)
 - _____ Subsidized/Low Income Housing Assistance often known as “Section 8” Housing
 - _____ WIC (Women Infants Children) Nutrition Assistance
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I declare and affirm, under penalty of perjury, that the above information is true and correct to the best of my knowledge and belief.

Signature _____ Date _____