

Form 4. Affidavit Accompanying Motion for Permission to Appeal *In Forma Pauperis*

United States District Court for the _____ District of _____

A.B.,

Plaintiff,

Docket No.:

v.

C.D.,

Defendant.

Affidavit in Support of Motion	Instructions
<p>I swear or affirm under penalty of perjury that, because of my poverty, I cannot repay the docket fees of my appeal or post a bond for them. I believe I am entitled to redress. I swear or affirm under penalty of perjury under United States laws that my answers on this form are true and correct. (28 U.S.C. § 1746; 18 U.S.C. § 1621.)</p> <p>Signed: _____</p>	<p>Complete all questions in this application and then sign it. Do not leave any blanks: if the answer to a question is “O,” “none,” or “not applicable” (“N/A”), write in that response. If you need more space to answer a question or to explain your answer, attach a separate sheet of paper identified with your name, your case docket number, and the question number.</p> <p>Date: _____</p>

My issues on appeal are: _____

1. For both you and your spouse, estimate the average amount of money received from each of the following sources during the last twelve (12) months. Adjust any amount that was received weekly, biweekly, quarterly, semiannually, or annually to show the monthly rate. Use gross amounts, that is, amounts before any deductions for taxes or otherwise.

<u>Income Source</u>	<u>Average Monthly Amount During the Past Twelve (12) Months</u>	<u>Amount Expected Next Month</u>
	<u>YOU</u>	<u>YOU</u>
Employment	\$ _____	\$ _____
Self-employment	\$ _____	\$ _____
Income from real property (such as rental income)	\$ _____	\$ _____
Interest and dividends	\$ _____	\$ _____
Gifts	\$ _____	\$ _____
Alimony	\$ _____	\$ _____
Child support	\$ _____	\$ _____
Retirement (such as social security, insurance payments)	\$ _____	\$ _____
Unemployment payments	\$ _____	\$ _____
Public Assistance (such as "Welfare")	\$ _____	\$ _____
Other (specify): _____	\$ _____	\$ _____
Total Monthly Income:	\$ _____	\$ _____

2. List your employment history, most recent employer first. (Gross monthly pay is before taxes or other deductions.)

<u>Employer</u>	<u>Address</u>	<u>Dates of Employment</u>	<u>Gross Monthly Pay</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

3. List your spouse's employment history, most recent employer first. (Gross monthly pay is before taxes or other deductions.)

<u>Employer</u>	<u>Address</u>	<u>Dates of Employment</u>	<u>Gross Monthly Pay</u>
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

4. How much cash do you or your spouse have? \$_____.

<u>Financial Institution</u>	<u>Type of Account</u>	<u>Amount You Have</u>	<u>Amount Your Spouse Has</u>
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____

If you are a prisoner, you must attach a statement certified by the appropriate institutional officer showing all receipts, expenditures, and balances during the last six months in your institutional accounts. If you have multiple accounts, perhaps because you have been in multiple institutions, attach one certified statement of each account.

5. List the assets and their values which you own or your spouse owns. Do not list clothing and ordinary household furnishings.

<u>Home (value)</u>	<u>Other Real Estate</u>	<u>Motor Vehicle #1 (value)</u>
_____	_____	Make & Year: _____ Registration: _____
_____	_____	_____
		<u>Motor Vehicle #1 (value)</u>
		Make & Year: _____ Registration: _____

6. State every person, business, or organization owing you or your spouse money, and the amount owed.

<u>Person Owing You or Your Spouse Money</u>	<u>Amount Owed You</u>	<u>Amount Owed to Your Spouse</u>
_____	_____	_____
_____	_____	_____

7. State the persons who rely on you or your spouse for support.

<u>Name</u>	<u>Relationship</u>	<u>Age</u>
_____	_____	_____
_____	_____	_____

8. Estimate the average monthly expenses of you and your family. Show separately the amounts paid by your spouse. Adjust any payments that are made weekly, biweekly, quarterly, semiannually, or annually to show the monthly rate.

	<u>YOU</u>	<u>YOUR SPOUSE</u>
Rent or home mortgage payment (include lot rented for mobile home)	\$ _____	\$ _____
Are real estate taxes included? Yes [] No []	\$ _____	\$ _____
Utilities (electricity, heating fuel, water, sewer and telephone)	\$ _____	\$ _____
Home maintenance (repairs and upkeep)	\$ _____	\$ _____
Food	\$ _____	\$ _____
Clothing	\$ _____	\$ _____
Laundry and Dry Cleaning	\$ _____	\$ _____
Medical and Dental expenses	\$ _____	\$ _____
Transportation (not including motor vehicle payments)	\$ _____	\$ _____
Recreation, entertainment, newspapers, magazines, etc.	\$ _____	\$ _____
Insurance (not deducted from wages or included in Mortgage payments)	\$ _____	\$ _____
Homeowner's or Renter's	\$ _____	\$ _____
Life	\$ _____	\$ _____
Health	\$ _____	\$ _____
Motor Vehicle	\$ _____	\$ _____
Other : _____	\$ _____	\$ _____
Taxes (not deducted from wages or included in Mortgage payments (specify)): _____	\$ _____	\$ _____
Installments payments	\$ _____	\$ _____
Motor Vehicle	\$ _____	\$ _____
Credit Card (name): _____	\$ _____	\$ _____
Department Store (name): _____	\$ _____	\$ _____
Other: _____	\$ _____	\$ _____
Alimony, maintenance, and support paid to others	\$ _____	\$ _____
Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$ _____	\$ _____
Other (specify): _____	\$ _____	\$ _____

9. Do you expect any major changes to your monthly income or expenses or in your assets or liabilities during the next 12 months? Yes No . If yes, how much \$_____.

If yes, state the attorney's name address, and telephone number.

Name: _____

Address: _____

Telephone: _____

10. Have you paid—or will you be paying—an attorney any money for services in connection with this case, including the completion of this form? Yes No . If yes, how much? \$_____.

If yes, state the attorney's name address, and telephone number.

Name: _____

Address: _____

Telephone: _____

11. Have you paid—or will you be paying—anyone other than an attorney (such as a paralegal or a typist) any money for services in connection with this case, including the completion of this form? Yes No . If yes, how much? \$_____.

If yes, state the person's name address, and telephone number.

Name: _____

Address: _____

Telephone: _____

12. Provide any other information that will help explain why you cannot pay the docket fees for your appeal.

13. State the address of your legal residence: _____

Your daytime phone number: _____

Your Age: _____

Your years of schooling: _____

Your Social Security Number: _____