## JUSTICE OF THE PEACE COURT OF THE STATE OF DELAWARE IN AND FOR \_\_\_\_\_ COUNTY COURT NO. \_\_\_\_

Civil Action Number: _	
Plaintiff:	
Defendant:	

## APPLICATION AND AFFIDAVIT TO PROCEED IN FORMA PAUPERIS

I, _	,, swear or affirm that I am:	
	1) the 🗌 Plaintiff	Defendant in this case

I swear or affirm that I am unable to pay the costs of this proceeding. In support of my application to waive the Court fees and costs, I swear or affirm to the following information:

- 1) I do not have sufficient funds or assets to pay the filing fees associated with this action.
- 2) I am am not currently incarcerated. If you are incarcerated, you must attach a certified copy of your prisoner's fund account statement for the six months preceding the date of this application.

3)	I am currently employed. If yes, please answer the fol	U Yes No lowing:
	Employer's Name:	8
	Employer's Address:	
	How often paid:	Take home pay per pay period:
	If no, please answer the follo LAST Employer's Name:	owing regarding MOST RECENT EMPLOYMENT:
	If no, please answer the follo	

m eligible for one or more of the following:
TANF Social Security Disability (SSDI)
SNAP Social Security

(You must attach your most recent award statement as proof of eligibility).

5) I have the following other sources of income (gifts, alimony, etc.):

Source of Income	Monthly Amount

6) I financially support dependents (not including myself). A dependent is a child or relative who resides in your home and relies on you for more than half of their support.

	Name of Dependent	Age of Dependent
7)	I am am not claimed as a depen	ndent on someone else's tax return.
8)	I have the following assets: Real Estate Value \$	Mortgage Balance \$
	Vehicles Value \$	Loan Balance \$

 Year
 Make
 Model

 Bank Accounts
 Value \$\_\_\_\_\_

 Stocks, Bonds, etc. Value \$\_\_\_\_\_

Other (please specify): Value \$

9) I pay the following regular monthly expenses (rent, food, alimony, child support, childcare, utilities, insurance, medical expenses, car payments, education expenses, etc.).

Debt or Bill/Expense	Monthly Amount

I understand that if I do not answer all the questions on this application AND do not provide proof as required, my application may be denied.

I swear or affirm that the above information is true and correct and is made under penalty of perjury. I understand a false or incomplete statement may result in a dismissal of my case.

DATE

PRINT NAME

SIGNATURE

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

DATE

NOTARY PUBLIC/COURT OFFICIAL

## JUSTICE OF THE PEACE COURT OF THE STATE OF DELAWARE IN AND FOR \_\_\_\_\_ COUNTY COURT NO. \_\_\_\_\_

<b>Civil Action</b>	Number:	
Plaintiff:		
Defendant:		

## **ORDER ON APPLICATION TO PROCEED IN FORMA PAUPERIS**

The Court has reviewed the above application from and, as necessary, has questioned the Petitioner under oath. The application is hereby:

GRANTED. All fees and cos	ats are waived.
GRANTED IN PART. \$	must be paid by
DENIED.	
Insufficient documentation	L <b>.</b>
Household income exceeds	s claimed expenses.
Failed to complete the affic	lavit and application.
Failed to provide required	documentation.
Other	

If the Petitioner does not amend the application and provide the missing information within 30 days of the date of this Order, the case will be dismissed pursuant to this Order.

If the Petitioner does not pay the filing fee within 30 days of the date of this Order, the case will be dismissed pursuant to this Order.

IT IS SO ORDERED, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_.

JUSTICE OF THE PEACE