IN THE COURT OF CHANCERY OF THE STATE OF DELAWARE

Register in Chancery	Register in Chancery	Register in Chancery
Kent County	New Castle County	Sussex County
38 The Green, Ste. 208	500 N. King Street, 7th Floor	34 The Circle
Dover, DE 19901	Wilmington, DE 19801	Georgetown, DE 19947
302-735-1930	302-255-0544	302-856-5777

Procedures for filing an Application to Proceed *In Forma Pauperis* (Fee Waiver)

- The application to proceed *in forma pauperis* requires the following:
  - A completed application. All questions must be answered on the application, the court clerk cannot complete the application for you. Do not leave any blanks; if the answer to a question is "0," "none," or "not applicable (N/A)," write that response.
  - If you need more space to answer a question or to explain your answer on the application, attach a separate sheet of paper identified with your name, your case caption, and the question number.
  - The *in forma pauperis* application is to be filed with a petition.

- It is the petitioner's responsibility to provide the Court with photocopies of all supporting documentation. If the Register in Chancery's office makes photocopies for you, we will charge $1.50 per page. When submitting your application, it must be on regular 8.5 x 11 paper that can be easily scanned onto the computer and it must be one-sided.

IN THE COURT OF CHANCERY OF THE STATE OF DELAWARE

In the matter of:	:	
	:	
_____,	:	C.M. #: _____
A person with an alleged disability/minor	:	

Application and Affidavit to Proceed *In Forma Pauperis*

Under penalty of perjury, I declare that all the following information is true and correct in support of this application to proceed in the above-captioned matter without paying Court fees and costs. I understand that a false or incomplete statement may result in a dismissal of my claims or an order requiring immediate payment of all costs in addition to a monetary penalty. Because of my financial situation, I am unable to pay the costs of this proceeding and in support of that statement, I supply the following information:

1. Name of person completing this application: _____

2. Are you employed? ☐Yes ☐No ☐Self-employed.

a. If yes, answer the following questions:

i. Name and address of employer: _____

_____

ii. How often paid: _____

iii. Take home pay per pay period: _____

b. If no, answer the following questions:

i. Name and address of last employer: _____

_____

ii. Date of last employment: _____

iii. Take home pay per pay period: _____

3. Complete the below table to list all income you have received from any source in the last 12 months. If something is not listed on the table, identify the source under "other". Attach additional pages if necessary.

Source of Your Income	**Amount Received**	**When Received**	**How Often Received (one-time or regular)**
Business, profession or self-employment			
Rental income			
Interest			
Dividends from stocks or bonds			
Retirement or annuity payments (i.e. disability, social security etc.)			
Unemployment benefit payments			
Other: _____			

4. Do you have a spouse ("spouse" includes domestic partner or party to a civil union)?

☐ Yes ☐ No.

5. If you have a spouse, complete the below table to list all income your spouse has received from any source in the last 12 months. If something is not listed on the table, identify the source under "other". Attach additional pages if necessary.

Source of Spouse's Income	**Amount Received**	**When Received**	**How Often Received (one-time or regular)**
Business, profession or self-employment			
Rental income			
Interest			

Source of Spouse's Income	**Amount Received**	**When Received**	**How Often Received (one-time or regular)**
Dividends from stocks or bonds			
Retirement or annuity payments (i.e. disability, social security etc.)			
Unemployment benefit payments			
Other: _____			

6. List all property owned, whether held in your name alone or jointly with anyone else.

Attach additional pages if necessary.

Property	**Value**	**If jointly owned, name and address of joint owner**
Cash		
Bank Accounts		
Stocks or Bonds		
Automobile and other vehicles		
Real Estate (other than your primary residence)		
Other valuable property (except ordinary household furnishings and clothes)		
Other: _____		

7. List all debts and monthly expenses. Attach additional pages if necessary.

Description of Debts, Monthly Expenses, Bills	**Total Debt**	**Monthly Payment**

Description of Debts, Monthly Expenses, Bills	Total Debt	Monthly Payment

8. List the names and addresses of all dependents, persons you actually support (children or other), and their relationship to you. Attach additional pages if necessary.

Dependent's Name and Address	Age	Relationship to You

9. If you are incarcerated, complete all parts of question 9. If you are not incarcerated, do not complete question 9 and proceed to question 10.

    a. Attach a Department of Correction certified statement of your inmate account that includes all account activity for the 6-month period immediately before the filing of this application, OR, the entire time you have been incarcerated, whichever time is less.

b. At any time while incarcerated or detained at any facility, have you previously brought an action or an appeal in a federal court or in any court in this State?

i. ☐ No.

ii. ☐ Yes. If "yes," complete the below table. Attach additional pages if necessary.

Name of Court	**Case Number**	**Outcome of Case or Appeal**

10. Have you previously filed an application to proceed *in forma pauperis* in the Court of Chancery?

a. ☐ No.

b. ☐ Yes. If "yes," provide the case number(s) and outcome(s) of your previous application(s). _____

_____

11. Provide any other information that will help explain why you cannot pay the costs of these proceedings: _____

_____

_____

_____

_____

12. Provide the following information:

a. Your current address: _____

b. Your daytime phone number: _____

c. Your date of birth: _____

d. Your level of education: _____

e. Last four digits of your social security number: _____

I swear or affirm that all the above information is true and correct and is made under penalty of perjury. I understand that if the Court directs that I pay certain fees and court costs but dismisses my complaint or claim, the Court keeps the power over me until all costs and fees are paid.

Signature: _____

Date: _____

Sworn to and subscribed before me on this date: _____

_____
Notary Public/Register in Chancery