

Filing Code: _____
Your Name: _____
Address: _____
City, State, Zip _____
Telephone: _____
Email Address: _____
Self-Represented

DISTRICT COURT
_____ **COUNTY, NEVADA**

_____ Plaintiff / Petitioner, vs. _____ Defendant / Respondent.	CASE NO.: _____ DEPT: _____
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Application to Proceed in Forma Pauperis

I am unable to pay the costs of prosecuting or defending this action. I request permission to proceed without paying costs or fees pursuant to NRS 12.015 based on the following:

Public Assistance. I receive federal and/or state public assistance benefits: (*check all that you receive*)

- Medicaid / Nevada Check Up
- SNAP (food stamp assistance)
- TANF (temporary assistance for needy families)
- Low-income energy assistance
- Child care subsidy / Child Care & Development Fund assistance
- Public housing
- SSI (supplemental security income)
- Other federal and/or state public assistance: _____

If you checked one of the above, you do not need to fill out the rest of this form. Sign and date page 3.

Low income. My household net income is equal to or below 150% of the federal poverty guidelines. *Fill out the information below.*

In my household there are _____ adults (over 18) and _____ children (under 18) for a total of _____ people.

My monthly income (*all numbers should be after taxes are taken out*):

Employment (include tip/overtime)	\$
Unemployment	\$
Retirement / Pension	\$
Social Security	\$
Child Support	\$
YOUR TOTAL	\$

For each adult in the home, list their name and net monthly income (*after taxes*):

My total income (<i>your total from above</i>):	\$
Adult's name:	\$
HOUSEHOLD TOTAL	\$

My basic expenses are more than my income. *Fill out the charts below.*

My monthly income:

Employment (include tip/overtime)	\$
Unemployment	\$
Retirement / Pension	\$
Social Security	\$
Child Support	\$
TOTAL	\$

My basic monthly expenses:

Rent / Mortgage	\$
Utilities (electric, gas, water, phone, other utilities)	\$
Food	\$
Child care	\$
Medical expenses (health insurance, co-pays, out of pocket expenses)	\$
Transportation (bus fare, car, gas, insurance)	\$
TOTAL	\$

Other Compelling Reason. Explain why you cannot pay the filing fee.

I understand that if approved, the order allowing me to proceed in forma pauperis will be valid for one year. I will have to file a new application to proceed in forma pauperis if I need filing fees and court costs waived after one year.

I declare under penalty of perjury under the law of the State of Nevada that the foregoing is true and correct.

DATED _____, 20__.

Submitted By: (*Signature*) ▶ _____

Printed Name: _____