

TO: _____
 (Name of Filing Officer)

 (Title of Office)

AFFIDAVIT TO QUALIFY IN FORMA PAUPERIS

I, _____, on oath, do hereby affirm my poverty and my resulting inability to pay the qualifying fee required by law.

I further swear or affirm that I have neither the assets nor the income to pay the qualifying fee required by law.

I further swear or affirm that the responses which I have made to the questions and instructions below relating to my ability to pay the qualifying fee required by law are true.

I. ASSETS

Include all assets in which you have any interest whether by legal or equitable title, joint ownership, partnership interest, or beneficiary of a trust, including assets held by others on your behalf. Use additional sheets of paper to complete items if more space is needed.

		Present Value of Your Interest
<u>Cash</u>		
Checking (name of Bank)	_____	\$ _____
Savings (name of Bank)	_____ _____	_____ _____
<u>Stocks and Bonds</u>		
	_____ _____ _____	_____ _____ _____
<u>Notes and Accounts Receivable</u>		
	_____ _____	_____ _____
<u>Real Estate</u>		
Residence (location)	_____	_____
Other (location)	_____	_____
<u>Insurance Cash Value</u>		
(Name of Company and Cash Value)	_____ \$ _____	
	_____ \$ _____	
	_____ \$ _____	
Total Cash Value	_____	_____
<u>Automobiles</u>		
(Make, Year, Model)	_____ _____ _____	_____ _____ _____
<u>Other Assets</u>		
	_____ _____ _____	_____ _____ _____

TOTAL ASSETS (Total of all items in I, above) \$ _____

II. INCOME

A. List average monthly amount for all items below:

SOURCE OF INCOME	Name and address of employer, business, or source of income	Monthly Average
Salary, Wages, Tips	_____	\$ _____
	_____	_____
Income from Self-Employment	_____	_____
	_____	_____
Rents Received	_____	_____
	_____	_____
Interest Received	_____	_____
	_____	_____
Dividends Received	_____	_____
	_____	_____
Other Income	_____	_____
	_____	_____

TOTAL AVERAGE MONTHLY INCOME (Total of all items in II(A), above) \$ _____

B. List average monthly amount for all items below:

Liabilities	Name and address of Creditors	Monthly Average
Home Mortgage	_____	\$ _____
	_____	_____
Automobile Loans	_____	_____
	_____	_____
Personal Loans	_____	_____
	_____	_____
Consumer Credit	_____	_____
	_____	_____
Credit Cards	_____	_____
	_____	_____
Other Liabilities	_____	_____
	_____	_____

TOTAL AVERAGE MONTHLY LIABILITIES (Total of all items in II(B), above) \$ _____

TOTAL AVERAGE MONTHLY DISPOSABLE INCOME (II(A) - II(B)) \$ _____

III. DEPENDENTS

List the names and relationship of all persons dependent upon you for financial support.

Name	Relationship
_____	_____
_____	_____
_____	_____

WARNING: Any person knowingly making any false statement on this affidavit commits the offense of false swearing and shall be guilty of a felony.

Applicant

Sworn to and subscribed before me this
_____ day of _____, 20 ____

Notary Public

My Commission Expires: _____