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**In Forma Pauperis Affidavit**

**All questions must be answered in full.**

You must include 4 most recent payroll check stubs or proof of income.

**Note:** Questions 2 and 3 should not be filled in if you are seeking protection from abuse.

**1. Your Full Name:** \_\_\_\_\_

Social Security Number (Optional): \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Age: \_\_\_\_\_ Sex: \_\_\_\_\_

**2. Address:** \_\_\_\_\_  
 (Box Number or Street Address) (City and State) (Zip Code)  
 (See Note above)

**3. Telephone Number(s):** (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_  
 (See Note above)

**4. Are you a Student?** \_\_\_ YES \_\_\_ NO If yes, please indicate the name of the school you are attending: \_\_\_\_\_ Enrollment Status: \_\_\_\_\_

**5. Current Household:**  
 Single:\_\_\_ Married:\_\_\_ Separated:\_\_\_ Divorced:\_\_\_ Widowed:\_\_\_ Intimate partner:\_\_\_  
 How many children do you support who are under 18? \_\_\_\_\_  
 How many children live with you? \_\_\_\_\_ Do you have any other dependents? \_\_\_\_\_  
 State the Name, Age and Relationship to you of the children and dependents:

NAME	AGE	RELATIONSHIP

**6. What is your current Occupation?** \_\_\_\_\_ **Are you employed?** \_\_\_ YES \_\_\_ NO  
 (If yes, please complete the following **Employer Information**)

Name of Employer: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 (Street Address) (City and State) (Zip Code)  
 Telephone Number: \_\_\_\_\_ How long have you been employed? \_\_\_\_\_

(If you are not employed, please provide information of your **last employer**)  
 Name of last employer: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 (Street Address) (City and State) (Zip Code)  
 How long have you been unemployed? \_\_\_\_\_  
 What were your monthly wages? \_\_\_\_\_

**7. Gross Income:** (a) State your gross earned income from wages and how you are paid:  
 Weekly? \_\_\_ Bi-Weekly? \_\_\_ Monthly? \_\_\_ Amount/month \$ \_\_\_\_\_

(b) Apart from income or support listed in response to question 8(b) below, how much other income do you receive on a monthly basis? \$ \_\_\_\_\_

(c) Monthly Deductions: Federal Income Tax: \$ \_\_\_\_\_ FICA: \$ \_\_\_\_\_ \$ \_\_\_\_\_

(d) Other deductions: (explain) \_\_\_\_\_

**TOTAL NET MONTHLY INCOME: (Add question 7 (a) + (b) less (c))** \$ \_\_\_\_\_

**8(a).** If you are married and live with a spouse, please answer:

Is your spouse employed? \_\_\_\_\_ What is the occupation of your spouse? \_\_\_\_\_

Is your spouse paid Weekly? \_\_\_ Bi-Weekly? \_\_\_ Monthly? \_\_\_ Amount/month \$ \_\_\_\_\_

Name of spouse's employer: \_\_\_\_\_

Address: \_\_\_\_\_

(Street Address)

(City and State)

(Zip Code)

Telephone Number: \_\_\_\_\_ How long has spouse been employed? \_\_\_\_\_

**8(b).** Do you or your spouse receive any of the following income or support?  YES  NO

If yes, state the monthly amount. SSI: \$ \_\_\_\_\_ Disability: \$ \_\_\_\_\_

Worker's Comp: \$ \_\_\_\_\_ Unemployment Benefits: \$ \_\_\_\_\_

Food Stamps: \$ \_\_\_\_\_ TANF: \$ \_\_\_\_\_ Child Support: \$ \_\_\_\_\_

Spousal Support: \$ \_\_\_\_\_ Kinship Care Subsidy Grant: \$ \_\_\_\_\_ Other: \$ \_\_\_\_\_

**If you are a client of a legal services program funded by the Legal Service Corporation or a Pro Bono Project that receives referrals from a legal services program and have a combined income from questions 7 and 8 that is less than or equal to 125% of the federal poverty level, skip all parts of question 9, and continue with question 10 on the next page.**

**9. Do you own or have an interest in any of the following? (Including community property)**

A.	VALUE OF INTEREST	BALANCE OWED
HOUSE	\$ _____	\$ _____
AUTOMOBILE	\$ _____	\$ _____
TRUCK	\$ _____	\$ _____
WATERCRAFT	\$ _____	\$ _____
LIVESTOCK	\$ _____	\$ _____
MACHINERY	\$ _____	\$ _____
STOCK	\$ _____	_____
BONDS	\$ _____	_____
CERTIFICATES OF DEPOSIT	\$ _____	_____
OTHER IMMOVABLE PROPERTY	Equity \$ _____	Debt \$ _____

DO YOU HAVE A BANK ACCOUNT(S)?  YES  NO Amount in account(s): \$ \_\_\_\_\_

\_\_\_ CHECKING \_\_\_ SAVINGS Name and Location of Bank: \_\_\_\_\_

**TOTAL VALUE OF ASSETS: \$ \_\_\_\_\_**

**B. i. List your Monthly Expenses:**

Rent: \$	Cable: \$	Car Note: \$
Lot Rent: \$	Garbage: \$	Car Insurance: \$
House Note: \$	Medical Insurance: \$	Transportation: \$
House Insurance: \$	Medical Expenses: \$	Food: \$
Gas: \$	Dental Expenses: \$	Barber/ Beauty: \$
Electricity: \$	Prescriptions: \$	Entertainment: \$
Water: \$	Life Insurance: \$	Grooming Supplies: \$
Telephone: \$	Daycare: \$	Garnishment: \$
Property Taxes: \$	Child Support: \$	Other: \$

**Total Amount of section i: \$ \_\_\_\_\_**

**ii. Credit cards:** (List type of card and monthly payment)

Card Name	Monthly Payment
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

**Total Amount of section ii: \$ \_\_\_\_\_**

**iii. Financial Loans:** (List the financial institution and your monthly payment)

Financial Name	Monthly Payment
_____	_____
_____	_____
_____	_____

**Total Amount of section iii: \$ \_\_\_\_\_**

**TOTAL MONTHLY EXPENSES: (Add 9B (i+ii+iii) =Total Monthly Expenses) \$ \_\_\_\_\_**

10. Does anyone regularly help you pay your expenses? \_\_\_\_\_ YES \_\_\_\_\_ NO

(a) If yes, state that person's name and relationship to you.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

(b). Do you have any additional income or assets that are not shown above? \_\_\_\_\_ YES \_\_\_\_\_ NO

If you answered yes to either (a) or (b), please explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

11. If you have an attorney, what arrangements have you made to pay your attorney's fee? What amount, if any, have you paid? (You are required to answer fully.)

\_\_\_\_\_  
\_\_\_\_\_

12. Has your attorney or the Notary Public told you that you may go to jail if you intentionally give a false answer to any of the above questions? \_\_\_\_\_ YES \_\_\_\_\_ NO

### MOVER'S AFFIDAVIT

STATE OF LOUISIANA  
PARISH OF \_\_\_\_\_

BEFORE ME the undersigned authority personally came and appeared:

\_\_\_\_\_

who, after being duly sworn, deposed and said:

1. He/She provided the information above; that the information is furnished to the court for the purpose of requesting permission to litigate the above captioned lawsuit without paying the costs in advance or as they accrue or furnishing security therefor.
2. That the above information is a true and correct statement of his/her financial condition.
3. That the pleading and all allegations of fact therein are true and correct; and that because of his/her poverty and want of means, he/she is unable to pay the costs of court in advance or as they accrue, nor is he/she able to provide security therefor.
4. He/She has read and understands the privilege contained in the notice below.

### NOTICE

Although you may be granted the privilege of proceeding without prepayment of costs, **SHOULD JUDGMENT BE RENDERED AGAINST YOU, YOUR STATUS AS A PAUPER DOES NOT RELIEVE YOU OF THE OBLIGATION TO PAY THESE COSTS.**

The privilege to proceed *IN FORMA PAUPERIS* is restricted to litigants who are clearly entitled to do so, with due regard to the nature of the proceeding, the court costs which otherwise would have to be paid, and the ability of the litigant to pay them or to furnish security therefor, so that the indiscriminate filing of lawsuits may be discouraged, without depriving a litigant of the benefit of proceeding *in forma pauperis* if he/she is entitled to do so.

\_\_\_\_\_  
Mover's Signature

SWORN TO AND SUBSCRIBED BEFORE ME, a Notary Public in \_\_\_\_\_,  
Louisiana, this \_\_\_\_\_ day of \_\_\_\_\_, 200 \_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC

**THIRD PARTY AFFIDAVIT**

**STATE OF LOUISIANA**  
**PARISH OF \_\_\_\_\_**

**BEFORE ME**, personally came and appeared: \_\_\_\_\_,  
who, after being sworn, deposed and said that he/she knows \_\_\_\_\_,  
well and that he/she knows that because of his/her poverty and want of means, he/she is unable  
to pay the costs of court in advance or as they accrue, nor is he/she able to provide bond therefor.

\_\_\_\_\_  
Signature of Witness

SWORN TO AND SUBSCRIBED BEFORE ME, a Notary Public in \_\_\_\_\_,  
Louisiana, this \_\_\_\_ day of \_\_\_\_\_, 200\_\_.

\_\_\_\_\_  
**NOTARY PUBLIC**

**LEGAL SERVICE PROGRAMS' DECLARATION**

**I ATTEST** that I am a duly authorized representative of a Legal Services Program funded  
by the Legal Service Corporation or a Pro Bono Project that receives referrals from one of these  
Legal Service Programs, and that \_\_\_\_\_ has produced evidence  
that he/she receives public assistance benefits, or that he/she has qualified to receive free legal  
services based on his/her income being less than or equal to 125% of the federal poverty level  
and therefore is entitled to a rebuttable presumption that he/she is entitled to the privilege of  
litigating without prior payment of costs.

\_\_\_\_\_  
Legal Services Program or Pro Bono Project Representative

**ORDER**

**Considering the foregoing Pleading and Affidavits:**

let \_\_\_\_\_ prosecute or defend this litigation in accordance with  
Louisiana Code of Civil Procedure, Article 5181, et. seq., without paying the costs in advance or  
as they accrue or furnishing security therefor.

**THUS, READ AND SIGNED**, this \_\_\_\_ day of \_\_\_\_\_, 200\_\_, in  
\_\_\_\_\_, Louisiana.

\_\_\_\_\_  
**DISTRICT JUDGE**