

UNITED STATES DISTRICT COURT

District of Utah

Plaintiff

vs.

Defendant(s)

Case Number: _____

MOTION TO PROCEED IN FORMA PAUPERIS (NONINCARCERATED PARTY)

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Instructions

Complete all questions and then date and sign the motion. 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, attach a separate sheet of paper identified with your name, your case number, and the question number.

- | | Yes | No |
|---|--------------------------|--------------------------|
| 1. Do you receive SNAP? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Do you receive Medicaid? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Do you receive SSI? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Are represented by a lawyer
from a legal aid
organization? | <input type="checkbox"/> | <input type="checkbox"/> |

If you answered "yes" to any of the questions above, please skip to the bottom of the motion, sign and date it, and then submit the motion to the court for review.

If you answered "no" to all of the questions above, please complete the following sections.

5. For both you and your spouse, estimate the average amount of money received from each of the following sources during the past 12 months. Adjust any amount that was received weekly, biweekly, quarterly, semiannually, or annually to show the monthly rate. Use gross amounts, that is, amounts before any deductions for taxes or otherwise.

Income source	Average monthly income amount during the past 12 months		Income amount expected next month	
	You	Spouse	You	Spouse
Employment	\$	\$	\$	\$
Self-employment	\$	\$	\$	\$
Income from real property <i>(such as rental income)</i>	\$	\$	\$	\$
Interest and dividends	\$	\$	\$	\$
Gifts	\$	\$	\$	\$
Alimony	\$	\$	\$	\$
Child support	\$	\$	\$	\$
Retirement <i>(such as social security, pensions, annuities, insurance)</i>	\$	\$	\$	\$
Disability <i>(such as social security, insurance payments)</i>	\$	\$	\$	\$
Unemployment payments	\$	\$	\$	\$
Public assistance <i>(such as welfare)</i>	\$	\$	\$	\$
Other <i>(specify):</i>	\$	\$	\$	\$
Total monthly income:	\$	\$	\$	\$

6. List your employment history for the past two years, most recent employer first. *(Gross monthly pay is before taxes or other deductions.)*

Employer	Address	Dates of employment	Gross monthly pay
			\$
			\$
			\$

7. List your spouse's employment history for the past two years, most recent employer first. *(Gross monthly pay is before taxes or other deductions.)*

Employer	Address	Dates of employment	Gross monthly pay
			\$
			\$
			\$

8. How much cash do you and your spouse have? \$ _____

Below, state how much money you and your spouse (either separately or jointly) have in bank accounts or in any other financial institution.

Financial institution	Type of account	Amount you have	Amount your spouse has
		\$	\$
		\$	\$
		\$	\$

9. List the assets that you and your spouse own (either separately or jointly) along with the estimated values and equity. Do not list clothing and ordinary household furnishings.

Assets owned by you or your spouse	
Home <i>(Value and equity)</i>	\$
Other real estate <i>(Value and equity)</i>	\$
Motor vehicle #1 <i>(Value and equity)</i>	\$
Make and year:	
Model:	
Registration #:	
Motor vehicle #2 <i>(Value)</i>	\$
Make and year:	
Model:	
Registration #:	
Other assets <i>(Value and equity)</i>	\$
Other assets <i>(Value and equity)</i>	\$

10. State every person, business, or organization owing you or your spouse money and the amount owed.

Person owing you or your spouse money	Amount owed to you	Amount owed to your spouse
	\$	\$
	\$	\$
	\$	\$

11. State the persons who rely on you or your spouse for support.

Name (or, if under 18, initials only)	Relationship	Age

12. Estimate the average monthly expenses of you and your family. Show separately the amounts paid by your spouse. Adjust any payments that are made weekly, biweekly, quarterly, semiannually, or annually to show the monthly rate.

	You	Your spouse
Rent or home-mortgage payment <i>(including lot rented for mobile home)</i>		
Are real estate taxes included? Yes <input type="checkbox"/> No <input type="checkbox"/>	\$	\$
Is property insurance included? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Utilities <i>(electricity, heating fuel, water, sewer, and telephone)</i>	\$	\$
Home maintenance <i>(repairs and upkeep)</i>	\$	\$
Food	\$	\$
Clothing	\$	\$
Laundry and dry cleaning	\$	\$
Medical and dental expenses	\$	\$
Transportation <i>(not including motor vehicle payments)</i>	\$	\$
Recreation, entertainment, newspapers, magazines, etc.	\$	\$
Insurance <i>(not deducted from wages or included in mortgage payments)</i>		
Homeowner's or renter's:	\$	\$
Life:	\$	\$
Health:	\$	\$
Motor vehicle:	\$	\$
Other:	\$	\$
Taxes <i>(not deducted from wages or included in mortgage payments) (specify):</i>	\$	\$
Installment payments		
Motor vehicle:	\$	\$
Credit card <i>(name):</i>	\$	\$
Department store <i>(name):</i>	\$	\$
Other:	\$	\$
Alimony, maintenance, and support paid to others	\$	\$

Regular expenses for operation of business, profession, or farm (<i>attach detailed statement</i>)	\$	\$
Other (<i>specify</i>):	\$	\$
Total monthly expenses:	\$	\$

13. Do you expect any major changes to your monthly income or expenses or in your assets or liabilities during the next 12 months?

Yes No If yes, describe on a separate sheet of paper and attach it to the motion.

14. Have you spent — or will you be spending — any money for expenses or attorney fees in conjunction with this lawsuit? Yes No

If yes, how much? \$ _____

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

16. Identify the city and state of your legal residence.

Your daytime phone number: _____

Your age: _____ Your years of schooling: _____

Declaration in Support of the Motion

I declare that I am unable to pay the costs of these proceedings and that I am entitled to the relief requested. I declare under penalty of perjury that the information above is true and understand that a false statement may result in a dismissal of my claims.

Executed on: (Date)	Signature (Required)
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