**The Family Court of the State of Delaware**

In and For [ ]  New Castle County [ ]  Kent County [ ]  Sussex County

**AFFIDAVIT IN SUPPORT OF APPLICATION TO**

**PROCEED *IN FORMA PAUPERIS***

## Petitioner v. Respondent

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  Name |  |  Name |  |  |
|       |  |       |  |  File Number |
|  Street Address (including Apt)  |  |  Street Address (including Apt)  |  |       |
|       |  |       |  |   |
|  P.O. Box Number |  |  P.O. Box Number |  |  |
|       |  |       |  |  Petition Number |
|  City/State/ Zip Code |  |  City/State/Zip Code |  |        |
|       |  |       |  |  |
|  Attorney Name  |  |  A Attorney Name  |  |  |
|       |  |       |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  | I, |       | , being first duly sworn, depose and say that I am |
| the [ ]  Petitioner [ ]  Respondent in a Petition/Motion for |       | . |
| I swear or affirm that I am unable to pay the costs of this proceeding. In support of my application to waive |
| the Court fees and costs, I swear or affirm to the following information: |

|  |  |  |  |
| --- | --- | --- | --- |
|  1. I am presently employed:  |  [ ]  Yes | [ ]  No |  |
|  If yes, please answer the following: |  |
| My employer is: |       |  |
| My employer’s address is: |       |  |
|  | I am paid: [ ]  weekly [ ]  every other week [ ]  2x/month [ ]  monthly. |  |
|  | I bring home | $       | per pay period. |  |
|  | **I have attached my paystubs or other proof of income.** |  |
|  If no, please answer the following: |  |  |
|  The name of my last employer is:  |       |  |
|  The address of my last employer is:  |       |  |
|  | I was last employed on:  |       | . |
|  I am no longer employed because: |       |  |
|  |       |  |
|  |       |  |
|  |       |  |

 2. I am receiving the following government benefits. **I am attaching proof of the benefits.**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| [ ]  | SSDI/SSI | Amount  | $       | per |       | . |
| [ ]  | TANF | Amount | $       | per |       | . |
| [ ]  | Food Stamps | Amount | $       | per |       | . |
| [ ]  | Social Security | Amount | $       | per |       | . |
| [ ]  | Other |       | Amount | $       | per |       | . |

 3. I receive child support [ ]  Yes [ ]  No

|  |  |  |
| --- | --- | --- |
|  |  |  |
| From: |       | Amount | $      | per |       | . |
|  |  |  |  |  |  |  |

 4. I receive alimony [ ]  Yes [ ]  No

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |
| From: |       | Amount | $      | per |       | . |
|  |  |  |

 5. I have received the following gifts in the last 12 months:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
| Amount | $      | From: |       | . |
|  |  |  |  |  |
| Amount | $      | From: |       | . |

 6. I have the following assets:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| [ ]  | Real Estate Value | $       | Mortgage Balance | $       | Jointly Owned Yes [ ]  No [ ]  |
| [ ]   | Vehicles Value | $       | Loan Balance | $       | Jointly Owned Yes [ ]  No [ ]  |
| Year |       | Make |       | Model |       |  |
|  [ ]   | Bank Accounts | Value $ |        |  |
|  [ ]   | Stocks, Bonds, etc. | Value $ |        |  |
|  [ ]   | Other: |       | Value $ |        |  |

|  |
| --- |
|  7. I am paying the following regular monthly expenses (Add an addendum if necessary): |

|  |  |
| --- | --- |
| **Debt/Expense** | **Monthly Amount** |
|       |       |
|       |       |
|       |       |
|       |       |
|       |       |
|       |       |
|       |       |
|       |       |

|  |  |  |
| --- | --- | --- |
| 8.  | Do you share expenses with another adult?  | [ ]  Yes [ ]  No |
|  |  |
|  | Is this person your spouse? | [ ]  Yes [ ]  No |
|  |  |
|  | Is this person the opposing party in this matter? | [ ]  Yes [ ]  No |
|  |  |  |
|  | If no, how much is your spouse’s take-home income? | Amount | $      | per |       | . |
|  |  |  |
|  | What is the name of your spouse’s employer or entity from which your spouse’s income is received? |
|  |
|       |
|  |
| 9. I have the following dependents: |

|  |  |  |
| --- | --- | --- |
| **Name** | **Age** | **Does the dependent reside with you?** |
|       |       | [ ]  Yes [ ]  No |
|       |       | [ ]  Yes [ ]  No |
|       |       | [ ]  Yes [ ]  No |
|       |       | [ ]  Yes [ ]  No |

|  |
| --- |
| I understand that if I do not answer all the questions on this application **AND** do not provide proof of  |
| my income, my application may be denied. |
| I swear or affirm that the above information is true and correct and is made under penalty of perjury. |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|       |  |       |  |       |
| DATE |  | PRINT NAME |  | SIGNATURE |
|  |
| Sworn to and subscribed before me this |       | day of  |       | ,  |       |  |
|  |
|  | Clerk of Court/ Notary Public |  | Date |