**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 | |