IN THE COURT OF CHANCERY OF THE STATE OF DELAWARE

In the Matter of:

C.A.# _____
OR C.M.# _____

_____

APPLICATION AND AFFIDAVIT TO PROCEED *IN FORMA PAUPERIS*

Under penalty of perjury, I _____ declare that all of the following information is true and correct in support of this application to proceed in the above-captioned matter without paying Court fees and costs, or give security therefore:

My date of birth is: _____
My current address is: _____
_____
_____

Because of my financial situation, I am unable to pay the costs of this proceeding or give security therefore. In support of that statement, I supply the following information:

1. Are you employed? ☐ YES ☐ NO ☐ Self-employed

IF "YES":
a. Name and address of employer: _____
_____
_____

b. How often paid: _____

c. Take home pay per pay period: _____

IF "NO"
a. Name and address of last employer: _____
_____
_____

b. Date of last employment: _____

c. Take home pay per pay period: _____

All requests for information must be supplied, if possible. Failure to supply information may result in denial of your application to proceed *in forma pauperis*.

2. List **ALL** income you have received **from any source** within the **last 12 months** and identify the source if it is not listed on the table below. (Attach additional pages if necessary.)

SOURCE OF INCOME	**AMOUNT**	**WHEN RECEIVED**	**HOW OFTEN RECEIVED** (one time or regular)
Business, profession or self-employment			
Rent payments			
Interest			
Dividends from stocks or bonds			
Retirement or annuity payments (i.e. disability, social security etc.)			
Bank account interest			
Gifts			
Other: _____			

3. If you have a spouse, list **ALL** income **YOUR SPOUSE** has received **from any source** within the **last 12 months** and identify the source if it is not listed on the table below. (Attach additional pages if necessary.)

SOURCE OF INCOME	**AMOUNT**	**WHEN RECEIVED**	**HOW OFTEN RECEIVED** (one time or regular)
Business, profession or self-employment			
Rent payments			
Interest			
Dividends from stocks or bonds			
Retirement or annuity payments (i.e. disability, social security etc.)			
Bank account interest			
Gifts			
Other: _____			

All requests for information must be supplied, if possible. Failure to supply information may result in denial of your application to proceed *in forma pauperis*.

4. List **ALL** property owned, whether held in your name alone or jointly with anyone else. (Attach additional pages if necessary.)

PROPERTY	VALUE	IF OWNED JOINTLY NAME AND ADDRESS OF JOINT OWNER
Cash		
Bank Accounts		
Stocks or Bonds		
Automobile and other vehicles		
Real Estate		
Other valuable property (except ordinary household furnishings and clothes)		
Other: _____		

5. List **ALL** debts and monthly expenses. (Attach additional pages if necessary.)

DESCRIPTION OF DEBTS AND MONTHLY EXPENSES, BILLS	TOTAL DEBT	MONTHLY PAYMENT

6. List names and addresses of all dependents, persons you actually support, (children or other) and their relationship to you. (Attach additional pages if necessary.)

DEPENDENTS NAME AND ADDRESS	AGE	RELATIONSHIP TO YOU

All requests for information must be supplied, if possible. Failure to supply information may result in denial of your application to proceed *in forma pauperis*.

7. **ONLY IF YOU ARE INCARCERATED,** complete all parts of this question. If you are **NOT** incarcerated, do not complete this question.

a. **ATTACH** a Department of Correction certified statement of your inmate account that includes all account activity for the 6-month period immediately before the filing of this application, **OR** for the entire time you have been incarcerated, whichever time is less.

b. At any time while incarcerated or detained at any facility, have you previously brought an action or an appeal in a federal court or in any court in this State?
☐ YES ☐ NO

If **"YES"** complete the table below:

NAME OF COURT	CIVIL ACTION OR APPEAL NUMBER	OUTCOME

d. If your complaint relates to a condition of confinement, you **MUST** have fully exhausted all administrative remedies available through the institutional grievance procedure.
Have you exhausted all administrative remedies? ☐ YES ☐ NO

If "**YES**" **ATTACH** copies of all decisions in the administrative process.
If "**NO**" do not file the complaint in this matter or this application.

8. Have you previously filed an application to proceed in forma pauperis in the Court of Chancery? ☐ YES ☐ NO

If "**YES**" state the case number(s) and outcome(s) of your previous application:

_____
_____
_____

I, _____, swear or affirm that all of the above information is true and correct and is made under penalty of perjury.

SIGNATURE: _____ DATE: _____

I understand that if the Court directs that I pay certain fees and court costs but dismisses my complaint or claim, the Court keeps the power over me until all costs and fees are paid.

SWORN TO AND SUBSCRIBED before me on this date: _____

_____
Notary Public or Clerk of the Court

IT IS SO ORDERED, this _____ day of _____, 20____ that the following is/are waived: ☐ all costs, ☐ all filing fees, ☐ other: _____

_____
(Vice) Chancellor

All requests for information must be supplied, if possible. Failure to supply information may result in denial of your application to proceed *in forma pauperis*.