

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. I understand that a false or incomplete statement may result in a dismissal of my claims or an order requiring immediate payment of all costs in addition to a monetary penalty.

Instructions:
Complete all questions in this application and then sign it. 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 caption, and the question number.

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: _____

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			
Rental income			
Interest			
Dividends from stocks or bonds			
Retirement or annuity payments (i.e. disability, social security etc.)			
Bank account interest			
Unemployment benefit payments			
Other: _____			

3. Do you have a spouse? YES NO
 (“Spouse” includes domestic partner or party to a civil union).

4. 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			
Rental income			
Interest			
Dividends from stocks or bonds			
Retirement or annuity payments (i.e. disability, social security etc.)			
Bank account interest			
Unemployment benefit payments			
Other: _____			

5. 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 than your primary residence)		
Other valuable property (except ordinary household furnishings and clothes)		
Other: _____		

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

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

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

DEPENDENT'S NAME AND ADDRESS	AGE	RELATIONSHIP TO YOU

8. **IF YOU ARE INCARCERATED**, complete all parts of Question 8. If you are **NOT** incarcerated, do not complete Question 8 and proceed to Question 9.

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 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 (Attach additional pages if necessary):

NAME OF COURT	CIVIL ACTION OR APPEAL NUMBER	OUTCOME OF CASE OR APPEAL

c. 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.

9. 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 (Attach additional pages if necessary): _____

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

11. Provide the following information:

Your current address: _____

Your daytime phone number: _____

Your date of birth: _____ Your level of education: _____

Last four digits of your social security number: _____

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 Court Clerk