

**JUSTICE OF THE PEACE COURT OF THE STATE OF DELAWARE
IN AND FOR _____ COUNTY
COURT NO. _____**

Civil Action Number: _____

Plaintiff: _____

Defendant: _____

APPLICATION AND AFFIDAVIT TO PROCEED *IN FORMA PAUPERIS*

I, _____, swear or affirm that I am:

- 1) the Plaintiff Defendant in this case

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 do not have sufficient funds or assets to pay the filing fees associated with this action.

- 2) I am am not currently incarcerated.

If you are incarcerated, you must attach a certified copy of your prisoner's fund account statement for the six months preceding the date of this application.

- 3) I am currently employed. Yes No

If yes, please answer the following:

Employer's Name: _____

Employer's Address: _____

How often paid: _____ Take home pay per pay period: _____

If no, please answer the following regarding MOST RECENT EMPLOYMENT:

LAST Employer's Name: _____

LAST Employer's Address: _____

Date last employed: _____

How often paid: _____ Take home pay per pay period: _____

- 4) I am eligible for one or more of the following:

- TANF Social Security Disability (SSDI)
 SNAP Social Security

(You must attach your most recent award statement as proof of eligibility).

- 5) I have the following other sources of income (gifts, alimony, etc.):

Source of Income	Monthly Amount

- 6) I financially support ____ dependents (not including myself). A dependent is a child or relative who resides in your home and relies on you for more than half of their support.

Name of Dependent	Age of Dependent

7) I am am not claimed as a dependent on someone else's tax return.

8) I have the following assets:

Real Estate Value \$_____ Mortgage Balance \$ _____

Vehicles Value \$_____ Loan Balance \$ _____
 Year _____ Make _____ Model _____

Bank Accounts Value \$_____

Stocks, Bonds, etc. Value \$_____

Other (please specify): _____ Value \$_____

9) I pay the following regular monthly expenses (rent, food, alimony, child support, childcare, utilities, insurance, medical expenses, car payments, education expenses, etc.).

Debt or Bill/Expense	Monthly Amount

I understand that if I do not answer all the questions on this application AND do not provide proof as required, my application may be denied.

I swear or affirm that the above information is true and correct and is made under penalty of perjury. I understand a false or incomplete statement may result in a dismissal of my case.

DATE

PRINT NAME

SIGNATURE

Sworn to and subscribed before me this _____ day of _____, 20____

DATE

NOTARY PUBLIC/COURT OFFICIAL

JUSTICE OF THE PEACE COURT OF THE STATE OF DELAWARE
IN AND FOR _____ COUNTY
COURT NO. _____

Civil Action Number: _____

Plaintiff: _____

Defendant: _____

ORDER ON APPLICATION TO PROCEED IN FORMA PAUPERIS

The Court has reviewed the above application and, if necessary, has questioned the Petitioner under oath. The application is hereby:

- GRANTED. All fees and costs are waived.
- GRANTED IN PART. \$_____ must be paid by _____.
- DENIED.
 - Insufficient documentation.
 - Household income exceeds claimed expenses.
 - Failed to complete the affidavit and application.
 - Failed to provide required documentation.
 - Other _____.

If the Petitioner does not amend the application and provide the missing information within 30 days of the date of this Order, the case will be dismissed pursuant to this Order.

If the Petitioner does not pay the filing fee within 30 days of the date of this Order, the case will be dismissed pursuant to this Order.

IT IS SO ORDERED, this _____ day of _____, 20____.

JUSTICE OF THE PEACE