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 from_____and, as 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