_____ * _____ **JUDICIAL DISTRICT COURT**

VERSUS * **DOCKET NUMBER: _____Div.___**

_____ * _____ **PARISH, LOUISIANA**

* *

In Forma Pauperis Affidavit

All questions must be answered in full.

Note: Questions 2 and 3 should not be filled in if you are seeking protection from abuse.

1. **Your Full Name:** _____

   Social Security Number (Optional): _____ Date of Birth**:** _____

   Age**:** _____ Sex**:** _____

2. **Address:** _____
   (Box Number or Street Address) (City and State) (Zip Code)
   (See Note above)

3. **Telephone Number(s):** (HOME) _____ (WORK) _____
   (See Note above)

4. **Are you a Student?** ☐YES ☐NO If yes, please indicate the name of the school you are attending: _____ Enrollment Status: _____

5. **Current Household:**
   Single:☐ Married:☐ Separated:☐ Divorced:☐ Widowed:☐ Intimate partner:☐
   How many children do you support who are under 18? _____
   How many children live with you? _____ Do you have any other dependents?_____
   State the Name, Age and Relationship to you of the children and dependents:

NAME	AGE	RELATIONSHIP

6. **What is your current Occupation? _____Are you employed?** ☐YES ☐NO
   (If yes, please complete the following **Employer Information**)
   Name of Employer: _____
   Address: _____
   (Street Address) (City and State) (Zip Code)
   Telephone Number: _____ How long have you been employed? ____

   (If you are not employed, please provide information of your **last employer**)
   Name of last employer: _____
   Address: _____
   (Street Address) (City and State) (Zip Code)
   How long have you been unemployed? _____
   What were your monthly wages? _____

7. **Gross Income:** (a) State your gross earned income from wages and how you are paid:
   Weekly? ☐Bi-Weekly? ☐Monthly? ☐ Amount/month $_____

   (b) Apart from income or support listed in response to question 8(b) below, how much other income do you receive on a monthly basis? $_____

   (c) Monthly Deductions: Federal Income Tax: $_____ FICA: $_____ $ _____

   (d) Other deductions: (explain) _____

   TOTAL NET MONTHLY INCOME: (Add question 7 (a) + (b) less (c)) $ _____

8(a). If you are married and live with a spouse, please answer:
Is your spouse employed?_____ What is the occupation of your spouse?_____
Is your spouse paid Weekly?☐ Bi-Weekly?☐ Monthly?☐ Amount/month $_____
Name of spouse's employer:_____
Address: _____
(Street Address) (City and State) (Zip Code)
Telephone Number: _____ How long has spouse been employed? _____

8(b). Do you or your spouse receive any of the following income or support?☐YES ☐NO
If yes, state the monthly amount. SSI: $_____ Disability: $_____
Worker's Comp: $_____ Unemployment Benefits: $_____
Food Stamps: $_____ TANF: $_____ Child Support: $_____
Spousal Support: $ _____ Kinship Care Subsidy Grant: $_____ Other: $_____

If you are a client of a legal services program funded by the Legal Service Corporation or a Pro Bono Project that receives referrals from a legal services program and have a combined income from questions 7 and 8 that is less than or equal to 125% of the federal poverty level, skip all parts of question 9, and continue with question 10 on the next page.

9. Do you own or have an interest in any of the following? (Including community property)

A.	**VALUE OF INTEREST**	**BALANCE OWED**
HOUSE	**$**	**$**
AUTOMOBILE	**$**	**$**
TRUCK	**$**	**$**
WATERCRAFT	**$**	**$**
LIVESTOCK	**$**	**$**
MACHINERY	**$**	**$**
STOCK	**$**	
BONDS	**$**	
CERTIFICATES OF DEPOSIT	**$**	
OTHER IMMOVABLE PROPERTY	Equity **$**	Debt **$**

DO YOU HAVE A BANK ACCOUNT(S)?☐YES ☐NO Amount in account(s): $_____
☐CHECKING ☐SAVINGS Name and Location of Bank: _____
TOTAL VALUE OF ASSETS: **$** _____

B. i. List your Monthly Expenses:

Rent: $	Cable: $	Car Note: $
Lot Rent: $	Garbage: $	Car Insurance: $
House Note: $	Medical Insurance: $	Transportation: $
House Insurance: $	Medical Expenses: $	Food: $
Gas: $	Dental Expenses: $	Barber/ Beauty: $
Electricity: $	Prescriptions: $	Entertainment: $
Water: $	Life Insurance: $	Grooming Supplies: $
Telephone: $	Daycare: $	Garnishment: $
Property Taxes: $	Child Support: $	Other: $

Total Amount of section i: **$**_____

ii. Credit cards: (List type of card and monthly payment)

Card Name	Monthly Payment
	$
	$
	$
	$

Total Amount of section ii: **$**_____

iii. Financial Loans: (List the financial institution and your monthly payment)

Financial Name	Monthly Payment

Total Amount of section iii: **$**_____

TOTAL MONTHLY EXPENSES: (Add 9B (i+ii+iii) =Total Monthly Expenses) $_____

10. Does anyone regularly help you pay your expenses? ☐ YES ☐ NO

(a) If yes, state that person's name and relationship to you.
Name**:** _____ Relationship**:**_____

(b). Do you have any additional income or assets that are not shown above? ☐ YES ☐ NO

If you answered yes to either (a) or (b), please explain:

_____

_____

_____

11. If you have an attorney, what arrangements have you made to pay your attorney's fee? What amount, if any, have you paid? (You are required to answer fully.)

_____

_____

12. Has your attorney or the Notary Public told you that you may go to jail if you intentionally give a false answer to any of the above questions? ☐ YES ☐ NO

MOVER'S AFFIDAVIT

STATE OF LOUISIANA
PARISH OF _____

BEFORE ME the undersigned authority personally came and appeared:

_____

who, after being duly sworn, deposed and said:

1. He/She provided the information above; that the information is furnished to the court for the purpose of requesting permission to litigate the above captioned lawsuit without paying the costs in advance or as they accrue or furnishing security therefor.

2. That the above information is a true and correct statement of his/her financial condition.

3. That the pleading and all allegations of fact therein are true and correct; and that because of his/her poverty and want of means, he/she is unable to pay the costs of court in advance or as they accrue, nor is he/she able to provide security therefor.

4. He/She has read and understands the privilege contained in the notice below.

NOTICE

Although you may be granted the privilege of proceeding without prepayment of costs, **SHOULD JUDGMENT BE RENDERED AGAINST YOU, YOUR STATUS AS A PAUPER DOES NOT RELIEVE YOU OF THE OBLIGATION TO PAY THESE COSTS**.

The privilege to proceed ***IN FORMA PAUPERIS*** is restricted to litigants who are clearly entitled to do so, with due regard to the nature of the proceeding, the court costs which otherwise would have to be paid, and the ability of the litigant to pay them or to furnish security therefor, so that the indiscriminate filing of lawsuits may be discouraged, without depriving a litigant of the benefit of proceeding ***in forma pauperis*** if he/she is entitled to do so.

_____
Mover's Signature

SWORN TO AND SUBSCRIBED BEFORE ME, a Notary Public in _____, Louisiana, this _____ day of _____, 200___.

_____
NOTARY PUBLIC

THIRD PARTY AFFIDAVIT

STATE OF LOUISIANA
PARISH OF _____

BEFORE ME, personally came and appeared: _____, who, after being sworn, deposed and said that he/she knows _____, well and that he/she knows that because of his/her poverty and want of means, he/she is unable to pay the costs of court in advance or as they accrue, nor is he/she able to provide bond therefor.

_____
Signature of Witness

SWORN TO AND SUBSCRIBED BEFORE ME, a Notary Public in _____, Louisiana, this ____day of _____, 200___.

_____
NOTARY PUBLIC

LEGAL SERVICE PROGRAMS' DECLARATION

I ATTEST that I am a duly authorized representative of a Legal Services Program funded by the Legal Service Corporation or a Pro Bono Project that receives referrals from one of these Legal Service Programs, and that _____ has produced evidence that he/she receives public assistance benefits, or that he/she has qualified to receive free legal services based on his/her income being less than or equal to 125% of the federal poverty level and therefore is entitled to a rebuttable presumption that he/she is entitled to the privilege of litigating without prior payment of costs.

_____
Legal Services Program or Pro Bono Project Representative

ORDER

Considering the foregoing Pleading and Affidavits:
let _____ prosecute or defend this litigation in accordance with Louisiana Code of Civil Procedure, Article 5181, et. seq., without paying the costs in advance or as they accrue or furnishing security therefor.

THUS, READ AND SIGNED, this _____ day of _____, 200___, in _____, Louisiana.

_____
DISTRICT JUDGE