

**UNITED STATES DISTRICT COURT**  
Northern District of West Virginia

\_\_\_\_\_  
Plaintiff,

V.

APPLICATION TO PROCEED WITHOUT  
PREPAYMENT OF FEES AND  
AFFIDAVIT

CASE NUMBER:

\_\_\_\_\_  
Defendant.

**YOU MUST COMPLETE THIS FORM FOR YOU, YOUR SPOUSE AND ALL  
PERSONS OVER 18 LIVING IN THE RESIDENCE WHERE YOU LIVE**

**Affidavit in Support of Motion**

I swear or affirm under penalty of perjury that, because of my poverty, I cannot prepay the docket fees of my action or post a bond for them. I believe I am entitled to redress. I swear or affirm under penalty of perjury under United States laws that my answers on this form are true and correct (28 U.S.C. § 1746; 18 U.S.C. § 1621.)

Signed: \_\_\_\_\_

**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 in 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's docket number, and the question number.

Date: \_\_\_\_\_

*1. For both you and your spouse estimate the average amount of money received from each of the following sources during the past 12 months. Adjust any amount that was received weekly, biweekly, quarterly, semiannually, or annually to show the monthly rate. Use gross amount, that is amounts before any deductions for taxes or otherwise.*

Income Source	Average Monthly Amount during the past 12 months			Amount expected next month		
	You	Spouse	Other Adult*	You	Spouse	Other Adult*
Employment	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Self-Employment	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Income from real property (such as rental income)	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Interest and dividends	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Gifts	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

\* Other adult living where you reside

Alimony	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Child Support	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Retirement (social security, pensions, annuities, insurance, etc.)	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Disability (social security, insurance payments, etc.)	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Unemployment payments	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Public-Assistance (such as welfare)	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Other (specify):	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
<b>Total monthly income:</b>	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

2. List your employment history with most recent employer first (Gross monthly pay is before taxes or other deductions).

Employer	Address	Dates of Employment	Gross Monthly Pay
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

3. List your spouse's employment history with most recent employer first (Gross monthly pay is before taxes or other deductions).

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

4. How much cash do you and your spouses have? \$ \_\_\_\_\_

Below, state any money you or your spouse have in bank accounts or in any other financial institution

Financial Institution	Type of Account	Amount you have	Amount your spouse has	Amount other adult has*
_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____	\$ _____

If you are a prisoner, you must attach a statement certified by the appropriate institutional officer showing all receipts, expenditures, and balances during the last six months in your institutional accounts. If you have multiple accounts, perhaps because you have been in multiple institutions, attach one certified statement of each account.

\* Other adult living where you reside

5. List the assets, and their values, which you own or your spouse owns. Do not list clothing and ordinary household furnishings.

Home (Value)	Other real estate (Value)	Motor vehicle #1 (Value)
_____	_____	Make & year: _____
_____	_____	Model: _____
_____	_____	Registration #: _____
Motor vehicle #2 (Value)	Other assets (Value)	Other assets (Value)
Make & year: _____	_____	_____
Model: _____	_____	_____
Registration #: _____	_____	_____

6. State every person, business, or organization owing you or your spouse money, and the amount owed.

Person owing you or your spouse money	Amount owed to you	Amount owed to your spouse
_____	_____	_____
_____	_____	_____
_____	_____	_____

7. State the persons who rely on you or your spouse for support.

Initials	Relationship	Age
_____	_____	_____
_____	_____	_____
_____	_____	_____

8. Estimate the average monthly expenses of you and your family. Show separately the amounts paid by your spouse. Adjust any payments that are made weekly, biweekly, quarterly, semi-annually or annually to show the monthly rate.

	You	Your Spouse	Other adult*
Rent or home mortgage payment (include lot rented for mobile home)	\$ _____	\$ _____	\$ _____
Are real estate taxes included? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is property insurance included? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Utilities (electricity, heating fuel, water, sewer, and telephone)	\$ _____	\$ _____	\$ _____
Home maintenance (repairs and upkeep)	\$ _____	\$ _____	\$ _____
Food	\$ _____	\$ _____	\$ _____
Clothing	\$ _____	\$ _____	\$ _____
Laundry and dry cleaning	\$ _____	\$ _____	\$ _____

\* Other adult living where you reside

Medical and dental expenses	\$ _____	\$ _____	\$ _____
Transportation (not including motor vehicle payment)	\$ _____	\$ _____	\$ _____
Recreation, entertainment, newspapers, magazines, etc.	\$ _____	\$ _____	\$ _____
Insurance (not deducted from wages or included in mortgage payments)	\$ _____	\$ _____	\$ _____
Homeowner's or renter's	\$ _____	\$ _____	\$ _____
Life	\$ _____	\$ _____	\$ _____
Health	\$ _____	\$ _____	\$ _____
Motor Vehicle	\$ _____	\$ _____	\$ _____
Other: _____	\$ _____	\$ _____	\$ _____
Taxes (not deducted from wages or included in mortgage payments) (specify): _____	\$ _____	\$ _____	\$ _____
Installment payments			
Motor Vehicle	\$ _____	\$ _____	\$ _____
Credit Card (name): _____	\$ _____	\$ _____	\$ _____
Department Store (name): _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
Other: _____	\$ _____	\$ _____	\$ _____
Alimony, maintenance, and support paid to other	\$ _____	\$ _____	\$ _____
Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$ _____	\$ _____	\$ _____
Other (specify): _____	\$ _____	\$ _____	\$ _____
<b>Total monthly expenses:</b>	\$ _____	\$ _____	\$ _____

9. Do you expect any major changes to your monthly income or expenses or in your assets or liabilities during the next 12 months?

Yes     No    *If yes, describe on an attached sheet*

10. Have you paid-or will you be paying- an attorney any money for services in connection with this case including the completion of this form?     Yes     No

If yes, how much? \$ \_\_\_\_\_

If yes, state the attorney's name, address, and telephone number:

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11. Have you paid-or will you be paying-anyone other than an attorney (such as a paralegal or a typist) any money for services in connection with this case, including the completion of this form?

Yes     No

If yes, how much? \$ \_\_\_\_\_

If yes, state the person's name, address, and telephone number:

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12. Provide any other information that will help explain why you cannot pay the docket fees for your appeal.