

AAFW

Name: _____

Address: _____

City, State, Zip: _____

Phone: _____

Email: _____

**JUSTICE COURT, _____ TOWNSHIP
CLARK COUNTY, NEVADA**

Plaintiff,

vs.

Defendant.

CASE NO.: _____

DEPT: _____

Application to Proceed in Forma Pauperis

I am unable to pay the costs of prosecuting or defending this action. I request permission to proceed without paying costs or fees pursuant to NRS 12.015 based on the following:

- 1. Public Assistance** includes Medicaid, Nevada Check Up, SNAP (food stamp assistance), TANF, Low-income energy assistance, Child Care & Development Fund assistance. Please indicate whether or not you receive one or more of the above listed benefits.

- ☐ Yes I receive one or more of the above listed benefits.
☐ No I do not receive any of the above listed benefits

- 2. Household Members:** In my household there are _____ adults (over 18) and _____ children (under 18) for a total of _____ people.

- 3. Income** includes employment (include tips/overtime), unemployment, retirement, pension, social security, child support. Please list all income for household member: *(all numbers should be after taxes are taken out)*:

For each adult in the home, list net monthly income *(after taxes)*:

My total income	\$
Household Adult #1 total income	\$
Household Adult #2 total income	\$
Household Adult #3 total income	\$
Household Adult #4 total income	\$
Household Adult #5 total income	\$
HOUSEHOLD TOTAL	\$

4. My basic monthly expense include: *Fill out the chart below.*

Rent / Mortgage	\$
Utilities (electric, gas, water, phone, other utilities)	\$
Food	\$
Child care	\$
Medical expenses (health insurance, co-pays, out of pocket expenses)	\$
Transportation (bus fare, car, gas, insurance)	\$
Other:	\$
TOTAL	\$

5. Other Compelling Reason. Explain why you cannot pay the filing fee.

I declare under penalty of perjury under the law of the State of Nevada that the foregoing is true and correct.

DATED (*month*) _____ (*day*) _____, 20____.

Submitted By: (*Signature*) ▶ _____

Printed Name: _____

FOR COURT USE ONLY

Upon consideration of the movant's Application to Proceed in Forma Pauperis, and good cause appearing therefore,

☐ The Application to Proceed in Forma Pauperis is **GRANTED**. The applicant shall be permitted to proceed with fees and costs waived in this action as permitted by NRS 12.015.

- ☐ The Application to Proceed in Forma Pauperis is **DENIED** for the following reasons:
- ☐ The applicant is not indigent within the meaning of NRS 12.015
 - ☐ The application was incomplete or not legible.

Date

Justice of the Peace/Clerk of Court