

AAFW

Name: _____

Address: _____

City, State, Zip: _____

Phone: _____

Email: _____

**JUSTICE COURT, LAS VEGAS 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. I receive federal and/or state public assistance benefits: *(check all that you receive)*

- ☐ Medicaid
- ☐ SNAP (food stamp assistance)
- ☐ TANF (temporary assistance for needy families)
- ☐ Child care subsidy/ Child Care & Development Fund assistance
- ☐ SSI (supplemental security income)
- ☐ Other federal and/or state public assistance: _____.
- ☐ I do not receive any kind of public assistance.

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