UNITED STATES DISTRICT COURT
Northern District of West Virginia

_____

Plaintiff,

V.

_____

Defendant.

APPLICATION TO PROCEED WITHOUT PREPAYMENT OF FEES AND AFFIDAVIT

CASE NUMBER:

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	You	Spouse
Emplolyment	$ ____	$ ____	$ ____	$ ____
Self-Employment	$ ____	$ ____	$ ____	$ ____
Income from real property (such as rental income)	$ ____	$ ____	$ ____	$ ____
Interest and dividends	$ ____	$ ____	$ ____	$ ____
Gifts	$ ____	$ ____	$ ____	$ ____
Alimony	$ ____	$ ____	$ ____	$ ____

Child Support	$ ____	$ ____	$ ____	$ ____
Retirement (such as social security, pensions, annuities, insurance)	$ ____	$ ____	$ ____	$ ____
Disability (such as social security, insurance payments)	$ ____	$ ____	$ ____	$ ____
Unemployment payments	$ ____	$ ____	$ ____	$ ____
Public-Assistance (such as welfare)	$ ____	$ ____	$ ____	$ ____
Other (specify):	$ ____	$ ____	$ ____	$ ____
Total monthly income:	$ ____	$ ____	$ ____	$ ____

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
_____	_____	$ _____	$ _____
_____	_____	$ _____	$ _____
_____	_____	$ _____	$ _____

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.

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 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
Rent or home mortgage payment (include lot rented for mobile home)	$ _____	$ _____
Are real estate taxed included? ☐ Yes ☐ No Is property insurance included? ☐ Yes ☐ No		
Utilities (electricity, heating fuel, water, sewer, and telephone)	$ _____	$ _____
Home maintenance (repairs and upkeep)	$ _____	$ _____
Food	$ _____	$ _____
Clothing	$ _____	$ _____
Laundry and dry cleaning	$ _____	$ _____

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): _____	$ _____	$ _____
Total monthly expenses:	$ _____	$ _____

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:

_____

_____

_____

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:

_____

_____

_____

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