

Form 4. Affidavit Accompanying Motion for Permission to Appeal In Forma Pauperis

United States District Court for the _____ District of _____

A.B., Plaintiff

v. Case No. _____

C.D., Defendant

Affidavit in Support of Motion	Instructions
<p>I swear or affirm under penalty of perjury that, because of my poverty, I cannot prepay the docket fees of my appeal 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.)</p>	<p>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.</p>
<p>Signed: _____</p>	<p>Date: _____</p>

My issues on appeal are:

- (a) 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 amounts, that is, amounts before any deductions for taxes or otherwise.

	Average monthly amount during the past 12 months		Amount expected next month	
Income source	You	Spouse	You	Spouse
Employment	\$ _____	\$ _____	\$ _____	\$ _____

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 pymts.	\$ _____	\$ _____	\$ _____	\$ _____
Public-assistance (such as welfare)	\$ _____	\$ _____	\$ _____	\$ _____

Other \$ _____ \$ _____
 (specify): _____ \$ _____
 \$ _____
Total monthly
income: \$ _____ \$ _____
 \$ _____
 \$ _____
 \$ _____
 \$ _____

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

Employer	Address	Dates of employment	Gross monthly pay
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

4. How much cash do you and your spouse 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	Motor vehicle #1
		(Value)	(Value)
_____		_____	Make & year:
	-	-	_____
_____		_____	Model:
	-	-	_____
_____		_____	Registration
	-	-	#: _____
		_____	-
		-	
Motor vehicle #2	(Value)	Other assets	Other assets
		(Value)	(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.

Name	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, semiannually, or annually to show the monthly rate.

	You	Your Spouse
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 \$_____ \$_____

Medical and dental expenses \$_____ \$_____

Transportation (not including motor vehicle payments) \$_____ \$_____

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 others \$ _____ \$ _____

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?*

9 Yes 9 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 9 No 9

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?

9 Yes 9 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.

13. State the address of your legal residence.

Your daytime phone number: (____) _____

Your age: _____ Your years of schooling: _____

Your social-security number: _____