

## APPLICATION TO PROCEED IN FORMA PAUPERIS

State of Vermont	Court	Unit No.	Circuit/County	Type of Case	Docket Number
Name of Applicant			Date of Birth	Social Security Number	Telephone Number (Day)
Street Address			City, State, Zip Code		Telephone Number (Evening)

Names(s) of Dependents (People you Support)	Relationship	Total Number of Dependents (including applicant)	<b>IMPORTANT</b> <b>Do you receive welfare aid*?</b>	Yes	No
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

Income			Assets			Monthly Expenses				
	Previous 30 Days Applicant	Previous 12 Months Applicant	Real Estate Owned: Location			Phone				
Gross Income from Wages			Fair Market Value - Outstanding Mortgage(s) = Net Worth			Rent				
Business Income less Expenses			\$	\$	\$	Utilities/Fuel				
Unemployment Comp.			Motor Vehicles, Motorcycles, All Terrain Vehicles, Boats			Food				
Child Support			Year Make/Model	Amount owed	Net Worth	Clothing				
Welfare Aid *			\$	\$	\$	Medical				
Other Income **			Cash on Hand	\$	\$	Child Support				
<b>Total</b>	\$	\$	Checking Account(s): Name of Bank and Account #	\$	\$	Insurance: Home				
<b>TOTAL ANNUAL INCOME</b>						Health				
\$						Auto				
* Welfare Aid could include; ANFC, SSI and General Assistance ** Other could include Disability Insurance and Social Security and any other source of Income			Savings Account: Name of Bank and Account #			Life				
						\$			Loan Payments: Motor Vehicles	
			Other			\$			Home Mortgage	
			Other			\$			Property Taxes	
			Other			\$			Other Expenses	
Applicants Employer: Name & Address			<b>TOTAL ASSETS</b>			<b>TOTAL EXPENSES</b>				
			\$			\$				

I request the Court waive filing fees and/or pay service fees in the above entitled matter because of my low income. I make the above answers UNDER PENALTY OF PERJURY. **If at any time during the pendency of this action I become financially able to pay for the filing fees and/or service fees, I will do so.**

The above individual personally appeared before me and made oath to the truth of the above matters.	Notary Public	Date	Signature of Applicant	Date
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### FINDINGS AND ORDER

1. The **Applicant is Not a Financially Needy Person** in that the applicant does have sufficient liquid assets, sufficient non-liquid assets which would provide collateral to borrow money, or sufficient income in excess of basic expenses to pay filing fees and service fees. Applicant's Request to Proceed In Forma Pauperis is hereby **DENIED**. You must pay \$ \_\_\_\_\_ to the court clerk within 30 days or the case will be dismissed.

2. The **Applicant is a Financially Needy Person** in that the applicant does not have sufficient liquid assets, sufficient non-liquid assets which would provide collateral to borrow money, or sufficient income in excess of basic expenses to pay filing fees or the service fees. Applicant's Request to Proceed in Forma Pauperis is hereby **GRANTED**. The ability to pay will be reassessed at the end of the case.

3. The applicant is a FINANCIALLY NEEDY person; however, based on the financial statement, the applicant can pay a portion of the fees. The applicant is ordered to pay \$ \_\_\_\_\_ in filing fees to the court clerk within 30 days or the case will be dismissed and  \_\_\_\_\_  \_\_\_\_\_ % in service fees  to the court clerk  to the sheriff.

<b>Respondent may be required to pay the remainder of service and filing fees and any additional service fees incurred during the pendency of this case.</b>	Court Clerk/Clerk Designee	Date
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**Notice to Applicant:** You are advised that you have the right to **appeal** this order to the judge of this court. Your appeal must be filed in writing with the clerk of this court within 7 days of the date of this order.