## Motion and Affidavit for Permission to Appeal In Forma Pauperis

v.		Appeal No District Court or Agency No				
Affidavit in Support o	f Motion		Instructions			
I swear or affirm under my poverty, I cannot pr or post a bond for them I swear or affirm under States laws that my ans correct. (28 U.S.C. § 1	epay the doo . I believe I penalty of p wers on this	eket fees of my appeal am entitled to redress. perjury under United a form are true and	not leave any bla "none," or "not ap you need more spa answer, attach a se	ions in this application and then sinks: if the answer to a question plicable (N/A)," write in that resce to answer a question or to expensive sheet of paper identified we docket number, and the question	n is "0," ponse. If lain your with your	
Signed:			Date:			
	spouse estima amount that v aat is, amount A	vas received weekly, biwee	ekly, quarterly, semiann or taxes or otherwise.	uch of the following sources during the ually, or annually to show the monthingected next month		
	You	Spouse	You	Spouse		
Employment	\$	\$	\$	\$		
Self-employment	\$	\$	\$	\$		
Income from real property (such as rental income)	\$	\$	\$	\$		
Interest and dividends	\$	\$	\$	\$		

Gifts

Alimony

d support	\$	\$	\$	\$
rement (such as social s	security, per	nsions,		
ities, insurance	\$	\$	\$	\$
bility (such as social so	ecurity.			
rance payments)	\$	\$	\$	\$
mployment payments	\$	\$	\$	\$
ic-assistance (such as				
are)	\$	\$	\$	\$
er (specify):				
(1 3)	\$	\$	\$	\$
Total monthly income	e:\$	\$	\$	\$
List your employment i Employer	history, mos	t recent employer first. (G <b>Address</b>	ross monthly pay is before tax  Dates of employn	
List your spouse's emp Employer	loyment his	tory, most recent employe Address	r first. (Gross monthly pay is to Dates of employn	before taxes or other deductions.) nent Gross monthly pay
	ney you or y	our spouse have? \$ our spouse have in bank a Type of account		ial institution.  Amount your spouse has
Financial instituti	V41			\$
Financial instituti			iD.	
Financial instituti			\$ \$	\$ \$

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 rea	al estate	(Value)	Motor vehicle #1	(Value)
					Make & year:	
					Model:	
					Registration #:	
Motor vehicle #2	(Value)	Other ass	sets	(Value)	Other assets	(Value)
Make & year: _						
Model: _						
Registration #: _						
6. State every perso Person owing you or money	n, business, or organi: r your spouse		you or your Amount owe			d to your spouse
	who rely on you or you Name	ur spouse fo		elationship	A	ge
					amounts paid by your s lly to show the monthly Your Spouse	
ent or home-mortgag	e payment (include lot	rented			-	
r mobile home)			\$		\$	
	axes included? □ Yes ance included?□ Yes	□ No □ No				
tilities (electricity, hotelephone)	eating fuel, water, sew	er, and	\$		\$	
ome maintenance (re	pairs and upkeep)		\$		\$	
ood			\$		\$	
lothing			\$		\$	

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):	_ \$	\$
<b>Total monthly expenses:</b>	\$	\$
9. Do you expect any major changes to your monthly months?  □ Yes □ No If yes, describe	income or expenses or in your	assets or liabilities during the next 12

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? $\Box$ Yes $\Box$ 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.
13. State the address of your legal residence.
Your daytime phone number: ()
Your age: Your years of schooling:
Your social-security number: