

AFFIDAVIT AND APPLICATION TO PROCEED IN FORMA PAUPERIS
(Request to Proceed Without Payment of Fees)

DC 6:7(1) Rev. 08/17
Neb. Rev. Stat. §§ 25-2301 to 25-2310.

IN THE COURT OF _____ COUNTY, NEBRASKA
(County or District) (county where original petition filed)

_____,
(your full name or the name of the plaintiff in the original action)
Plaintiff,

Case No. _____
(case number assigned by clerk of court)

VS.

AFFIDAVIT AND APPLICATION TO PROCEED IN FORMA PAUPERIS
(Request to Proceed Without Payment of Fees)

_____,
(other party's full name or the name of the defendant in the original action)
Defendant.

STATE OF NEBRASKA)
)
COUNTY OF _____) SS:
(county where signed)

The undersigned, being first duly sworn on oath, deposes and says that:

1. I am the plaintiff/ defendant in an action to/for _____, and I am of lawful age. (type of case filed)
2. I bring this action in good faith, and I am entitled to redress.
3. I am unable to pay the cost of litigation, including the cost of service and/or publication, and am unable to provide security.

4. I have a net income of \$_____ per month, derived from (your net monthly income)

_____, and I support a household of _____ people. (i.e., employment, public benefits, Social Security, etc.) (number of people you support)

5. My only assets or resources, over which I have control or possession, are:

Cash on hand.....	\$ _____
Bank accounts	\$ _____
Vehicles.....	\$ _____
Real estate	\$ _____
Securities, stocks, bonds.....	\$ _____
Tools, equipment	\$ _____
Jewelry	\$ _____
Other (describe).....	\$ _____

TOTAL	\$ _____

6. My necessary estimated monthly expenses are:

Rent or house payment	\$ _____
Utilities (Electricity, natural gas, propane).....	\$ _____
Telephone	\$ _____
Automobile payment (monthly).....	\$ _____
Automobile insurance (monthly).....	\$ _____
Gasoline for vehicle	\$ _____
Auto upkeep and repair	\$ _____
Doctor, dentist, medicines	\$ _____
Food	\$ _____
Cable TV, internet, etc.....	\$ _____
Clothing, dry cleaning, laundry	\$ _____
Haircuts	\$ _____
Church.....	\$ _____
Entertainment.....	\$ _____
Personal care items	\$ _____
Other (describe).....	\$ _____

TOTAL	\$ _____

7. Other financial circumstances of which I would like the court to be aware:

8. I believe my living expenses wholly absorb my income, and I have no assets that can be liquidated.

WHEREFORE, pursuant to Neb.Rev.Stat. §§ 25-2301 to 25-2310, I request the court authorize me to proceed *in forma pauperis* and direct _____
(name of county where action filed)
County, Nebraska, to pay my costs, including fees and other expenses related to this action and waive provision of security.

NOTICE: DO NOT SIGN UNTIL YOU ARE IN THE PRESENCE OF A NOTARY

Plaintiff's Signature (your signature) Date _____

Your Full Name

Your Full Street Address/P.O. Box

City/State/ZIP Code

Phone E-mail Address

SUBSCRIBED AND SWORN to before me this ___ day of _____, 20__.

Notary Public