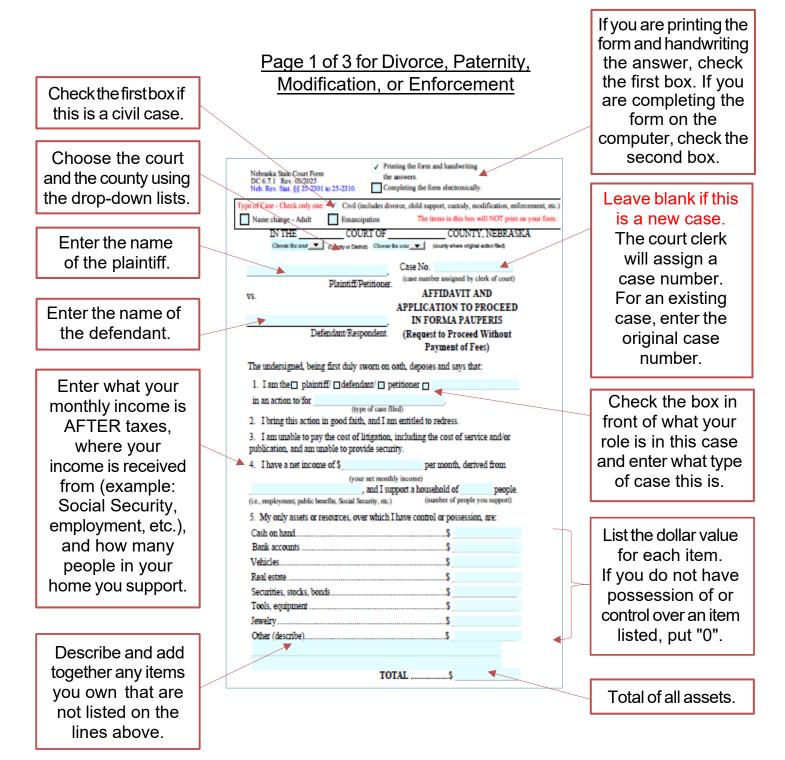
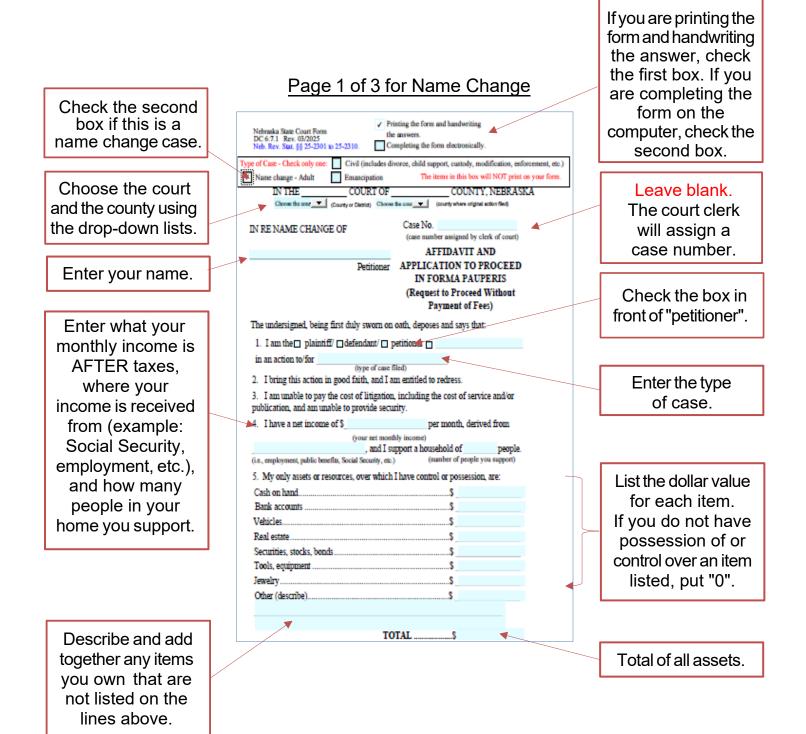
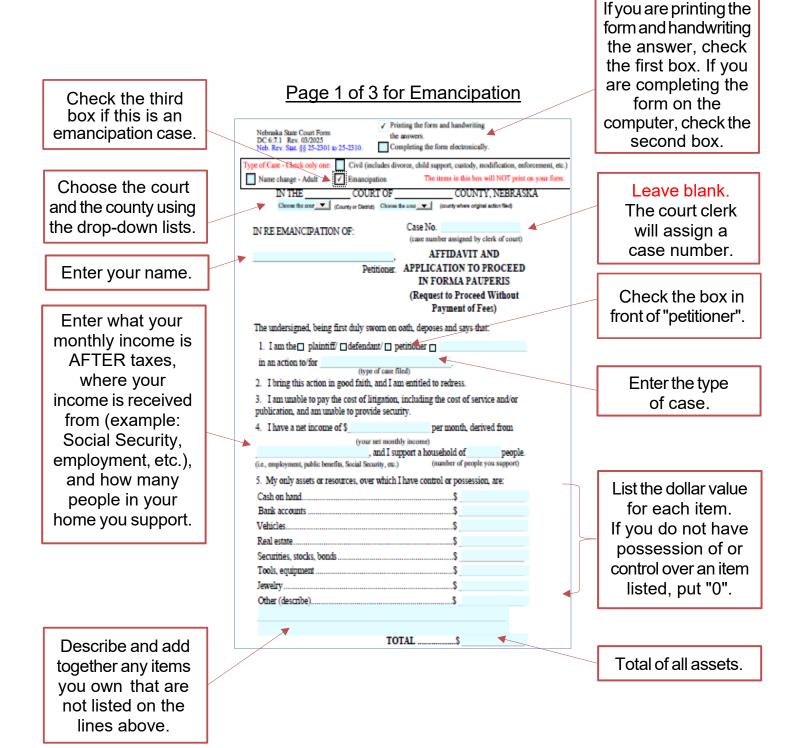
COMPLETING THE AFFIDAVIT AND APPLICATION TO PROCEED IN FORMA PAUPERIS (Request to Proceed without Payment of Fees)

Use this form to ask the court to allow you to file your case without paying the filing fees and costs.

In a new case, such as a case for divorce or paternity, you are the plaintiff and the other party is the defendant. In a case that is for a modification or for enforcement of an existing order, the plaintiff and the defendant are the same as they are listed on the original case. In a case for emancipation or name change, you are the petitioner.







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		6. My necessary estimated monthly expenses are:	
		Rent or house payment\$	
		Utilities (Electricity, natural gas, propane)\$	
		Telephone\$	
		Automobile payment (monthly)\$	Put the monthly
		Automobile insurance (monthly)\$	amount you pay
		Gasoline for vehicle\$	for each item.
		Auto upkeep and repair\$	If you do not pay
		Doctor, dentist, medicines\$	the expense
		Food\$	
		Cable TV, internet, etc\$	listed, put "0".
	1	Clothing, dry cleaning, laundry\$	
ł		Haircuts\$	
		Church\$	
;		Entertainment\$	
		Personal care items\$	
		Other (describe)\$	
			Total of all expenses.
		TOTAL\$,
		7. Other financial circumstances of which I would like the court to be aware:	
е	\vdash		
or			
er			
n		8. I believe my living expenses wholly absorb my income, and I have no assets	
d		that can be liquidated.	
u			
,			

Describe and add together any expenses that are not listed on the lines above.

Use this space to explain any special financial circumstances. For example: large medical expenses for yourself or a dependent, whether you are dependent on others for food and shelter, business expenses, etc.

Page 3 of 3 for all case types

	Enter the name of			
		WHEREFORE, pursuant to Neb.Rev.Stat. §§ 25-2301 to 25-2310, I request		
	the county.	the court authorize me to proceed in forma pauperis and direct		
		County, Nebraska, to pay my costs,		
		(name of county where action filed) including fees and other expenses related to this action and waive provision of		
				DO NOT Sign and
		security.		date the form until a
				notary is there to
		OLONI DI ED ONT OFNOTA DUDINI LO		witness. Enter your
		SIGN IN FRONT OF NOTARY PUBLIC		printed name, your
		I hereby swear, or affirm, under penalty of perjury, that the above information is true.		
				address, telephone
		Signature:Date:		number, and your
		Printed Name:		email address.
		Street Address/P.O. Box:		
		City/State/ZIP Code:	-	
		Telephone Number:		
		Email address:	-	
				A notary will
				complete this
		State of)		section WHEN
) ss.		they witness you
		County of)		signing the form.
		This document was acknowledged before me by,		<u> </u>
		thisday of		
		Notary commission expires:		
		Notary commission expires:	-	
		Title:Serial Number (if any):		
		inteseriai rounder (ii any)	-	