

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

IN THE \_\_\_\_\_ COURT OF \_\_\_\_\_ COUNTY, NEBRASKA  
(county or district) (county where Complaint filed)

\_\_\_\_\_,  
(your full name)  
Plaintiff,

**Case No. CI** \_\_\_\_\_  
(case number assigned by Clerk of Court)

VS.

\_\_\_\_\_,  
(spouse's full name)  
Defendant.

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

STATE OF NEBRASKA )  
 ) ss:  
COUNTY OF \_\_\_\_\_ )  
(county where signed)

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

1. I am the plaintiff in an action for \_\_\_\_\_, and I am of  
(type of case filed)  
lawful age.

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 publication,  
and am unable to provide security.

4. I have a net income of only \$ \_\_\_\_\_ per month,  
(your net monthly income)

derived from \_\_\_\_\_,  
(i.e., employment, public benefits, Social Security, etc.)

and I support a household of \_\_\_\_\_ people.  
(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 .....	\$	_____
<b>TOTAL .....</b>	<b>\$</b>	<b>_____</b>

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 (Credit cards, etc.) .....	\$	_____
<b>TOTAL .....</b>	<b>\$</b>	<b>_____</b>

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

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

**WHEREFORE**, pursuant to Neb.Rev.Stat. §§ 25-2301 to 25-2310, I request that 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.

\_\_\_\_\_  
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