Your Name:

Address:

City, State, Zip

Telephone:

Email Address:

**The Supreme Court of the State of Nevada**

INDICATE FULL CAPTION:

|  |  |
| --- | --- |
| Click here to enter caption | Docket No. \_\_\_\_\_\_\_\_\_ |

**Affidavit and Motion to Proceed in Forma Pauperis**

**Affidavit in support of motion:** I swear under penalty of perjury under the law of the State of Nevada that I am financially unable to pay the filing fee for my appeal. I request permission to proceed without payment of any filing fees. I believe my appeal has merit and I am entitled to redress.

The issues I intend to present on appeal are:

|  |
| --- |
| Click or tap here to enter text. |

I declare under penalty of perjury under the law of the State of Nevada that the responses which I have made to the questions below relating to my ability to pay the cost of prosecuting the appeal are true.

Signature:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date:  \_\_\_\_\_\_\_\_\_\_\_

**Public Assistance.** I receive federal and/or state public assistance benefits: ( *check all that you receive*)

Medicaid / Nevada Check Up

SNAP (food stamp assistance)

TANF (temporary assistance for needy families)

Low-income energy assistance

Child care subsidy / Child Care & Development

Fund assistance

Public housing

SSI (supplemental security income)

Other federal and/or state public assistance:

*If you checked one of the above, you do not need to fill out the rest of this form.*

**Low income.** My household net income is equal to or below 150% of the federal poverty guidelines. *Fill out the information below.*

In my household there are  \_\_\_\_\_\_\_  adults (over 18) and  \_\_\_\_\_\_  children (under 18) for a total of  \_\_\_\_\_\_\_  people.

My monthly income (*all numbers should be after taxes are taken out*):

|  |  |
| --- | --- |
| Employment (include tip/overtime) | $ |
| Unemployment | $ |
| Retirement / Pension | $ |
| Social Security | $ |
| Child Support | $ |
| **YOUR TOTAL** | $ |

For each adult in the home, list their name and net monthly income (*after taxes*):

|  |  |
| --- | --- |
| My total income (*your total from above*): | $ |
| Adult’s name: | $ |
| Adult’s name: | $ |
| Adult’s name: | $ |
| Adult’s name: | $ |
| **HOUSEHOLD TOTAL** | $ |

**My basic expenses are more than my income.** *Fill out the charts below.*

My monthly income:

|  |  |
| --- | --- |
| Employment (include tip/overtime) | $ |
| Unemployment | $ |
| Retirement / Pension | $ |
| Social Security | $ |
| Child Support | $ |
| **TOTAL** | $ |

My basic monthly expenses:

|  |  |
| --- | --- |
| Rent / Mortgage | $ |
| Utilities (electric, gas, water, phone, other utilities) | $ |
| Food | $ |
| Child care | $ |
| Medical expenses (health insurance, co-pays, out  of pocket expenses) | $ |
| Transportation (bus fare, car, gas, insurance) | $ |
| **TOTAL** | $ |

**Other Compelling Reason.** Explain why you cannot pay the filing fee.

|  |
| --- |
| Click or tap here to enter text. |