

**UNITED STATES DISTRICT COURT
DISTRICT OF CONNECTICUT**

**MOTION FOR LEAVE TO PROCEED IN FORMA PAUPERIS
PURSUANT TO 28 U.S.C. § 1915**

_____,
Plaintiff(s),

v.

Case No. _____

_____,
Defendant(s).

I request leave to commence this civil action without prepayment of fees, costs, or security therefor pursuant to 28 U.S.C. § 1915. In support of my request, I submit the attached financial affidavit and state that:

- (1) I am unable to pay such fees, costs, or give security therefor.
- (2) I am entitled to commence this action against the defendant(s).
- (3) I request that the court direct the United States Marshal's Service to serve process.

Original Signature

Name (print or type)

Street Address

City State Zip Code

()

Telephone Number

**UNITED STATES DISTRICT COURT
DISTRICT OF CONNECTICUT**

**FINANCIAL AFFIDAVIT IN SUPPORT OF
MOTION FOR LEAVE TO PROCEED IN FORMA PAUPERIS
PURSUANT TO 28 U.S.C. § 1915**

_____,
Plaintiff(s),

v.

Case No. _____

_____,
Defendant(s).

I declare that:

- (1) I am unable to pay such fees, costs, or give security therefor.
- (2) I am entitled to commence this action against the defendant(s).

I further state that the responses I have made to the questions below relating to my ability to pay the cost of prosecuting this action and other matters are true.

MARITAL STATUS

Single ____ Married ____ Separated ____ Divorced ____

If separated or divorced, are you paying any support or any form of maintenance?

Yes ____ No ____

Dependents: Wife ____ Children # ____ Others # ____

and relationship _____

The names and ages of my children are:

Name _____ Age _____

Name _____ Age _____

Name _____ Age _____

RESIDENCE

Street Address: _____

City: _____ State: _____

Zip Code: _____ Telephone: _____

EDUCATION

Please circle the highest level of formal education you have received:

Grammar School K 1 2 3 4 5 6 7 8 High School 9 10 11 12

College 1 2 3 4 Post-Graduate 1 2 3 4

EMPLOYMENT

If employed at present, complete the following:

Name of employer: _____

Address of employer: _____

How long employed by present employer: _____

Income: Monthly _____ Weekly _____

If self-employed state weekly wages: _____

What is the nature of your employment? _____

If unemployed at present, complete the following:

I have been unemployed since the ____ day of _____, 19____

The name of my last employer: _____

Address: _____

Telephone #: (____) _____

The last salary or wages received: _____

If spouse is employed, please complete the following:

Name of employer: _____

How long employed: _____

Income: Monthly _____ Weekly _____

What is the nature of spouse's employment? _____

If on welfare or receiving unemployment benefits complete the following:

I have been on welfare or receiving unemployment benefits

since: _____

I am receiving \$_____ monthly _____ weekly _____

for myself and family of _____.

If receiving social security, disability or workers' compensation benefits complete the following:

I have been receiving social security, disability or workers' compensation benefits

since: _____.

I am receiving \$_____ monthly _____ weekly _____.

FINANCIAL STATUS

Owner of real property? Yes ____ No ____

If yes, description: _____

Address: _____

In whose name? _____

Estimated value: _____

Amount owed: _____
Owed to: _____
Total: _____ Monthly payment _____

Owed to: _____
Total: _____ Monthly payment _____
Annual income from property: _____

Other property:
Automobile: Make _____ Model _____ Year _____
Registered owner(s) name(s): _____
Present value of automobile: _____
Owed to: _____
Amount owed: _____

Cash on hand:
Cash in banks and savings and loan associations: _____
Names and addresses of banks and associations: _____

OBLIGATIONS:

Monthly rental on house or apartment:	\$ _____
Monthly mortgage payment on house:	\$ _____
Gas bill per month:	\$ _____
Electric bill per month:	\$ _____
Phone bill per month:	\$ _____
Car payments per month:	\$ _____
Car insurance payments per month:	\$ _____
Other types of insurance payments per month:	\$ _____
Monthly payments to retail merchants:	\$ _____
Please list: _____	\$ _____
Please list: _____	\$ _____
Monthly payments on any other outstanding loans or debts:	\$ _____
Please list: _____	\$ _____
Please list: _____	\$ _____
Any money owed to doctors, hospitals, lawyers:	
Please list: _____	\$ _____
Please list: _____	\$ _____
Monthly payment for maintenance or child support under separation or dissolution agreement:	\$ _____
Estimated monthly expenditure on food:	\$ _____
Estimated monthly expenditure on clothing:	\$ _____
Total amount of monthly obligations:	\$ _____

Other information pertinent to financial status: (Include stocks, bonds, savings bonds, interests in trusts either owned or jointly owned):

Date: _____

Original Signature of Affiant

DECLARATION UNDER PENALTY OF PERJURY

I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct to the best of my knowledge and belief.

Date: _____

Original Signature of Affiant