

**UNITED STATES DISTRICT COURT
DISTRICT OF CONNECTICUT**

_____,
Plaintiff(s),

v.

Case No. _____
(to be filled out by Clerk's Office)

Commissioner of Social Security,
Defendant.

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

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); and
- (3) I request that the Court serve the Complaint in this matter on the United States by electronically transmitting a Notice of Electronic Filing to the appropriate office within the Social Security Administration's Office of General Counsel and to the United States Attorney for the District of Connecticut. The Clerk will notify the plaintiff of this transmission.

Original Signature

Name (print or type)

Street Address

City State Zip Code

Telephone Number

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_____,
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Case No. _____
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Commissioner of Social Security,
Defendant.

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

I. INSTRUCTIONS:

Complete all questions in this Affidavit and sign it. Do not leave any blanks: if the answer to a question is "0," "none," or "not applicable" (N/A), write that response. If you need more space to answer a question or to explain your answer, attach a separate sheet of paper identified with your name and the question number. Failure to follow these instructions may result in the denial of your Motion.

II. AFFIDAVIT:

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), and
- (3) 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.

A. INCOME

1. Your Employment:

If employed at present, complete the following:

Name of employer: _____ How long employed: _____

Address of employer: _____

Gross monthly income before taxes or other deductions: \$ _____

If self-employed at present, complete the following:

State gross monthly income before taxes and deductions: _____

What is the nature of your employment? _____

If unemployed at present, complete the following:

I have been unemployed since (DATE): _____

The name of your last employer: _____

Address of last employer: _____

Last gross monthly income received: \$ _____

2. Your spouse's employment (if applicable):

If spouse is employed, please complete the following:

Name of employer: _____ How long employed: _____

What is the nature of spouse's employment? _____

Gross monthly income before taxes or other deductions: \$ _____

3. Do you or your spouse receive government cash benefits (e.g., SAGA or AFDC)?

Yes ___ No ___. If yes, please complete the following:

I have been receiving these benefits since: _____

I am receiving \$ _____ per month for myself and the following family members: _____

4. Do you or your spouse receive social security, disability, workers' compensation or unemployment benefits?

Yes ___ No ___. If yes, please complete the following:

I have been receiving (TYPE) _____ benefits since (DATE) _____.

I am receiving \$ _____ per month.

5. Do you or your spouse receive any other income (e.g., rent payment, pensions, annuities, life insurance, child support) of any kind?

Yes ___ No ___. If yes, please complete the following:

I am receiving \$ _____ per month.

What is the source of this income? _____

6. List all of the people who are in your household and state the amount of money each one contributes to household expenses each month:

B. ASSETS OWNED BY YOU OR YOUR SPOUSE

1. Real Property: Do you or your spouse own any real property, such as land or a house?

Yes ___ No ___. If yes, please complete the following:

What kind of property is it? _____

Property Address: _____

Whose name is the property in? _____

Estimated value: _____

a. Are you paying off a loan or mortgage on it?

Yes ___ No ___. If yes, please complete the following:

Where are you obtaining the money to make the payments? _____

Mortgage Balance: _____ Owed to: _____

2. Other property owned by you or your spouse:

Automobile #1: Make _____ Model _____ Year _____

Registered owner(s) name(s): _____

Estimated value of automobile: _____ Amount Owed: _____

Automobile #2: Make _____ Model _____ Year _____

Registered owner(s) name(s): _____

Estimated value of automobile: _____ Amount Owed: _____

Do you own any other valuable property, such as boats, motorcycles, jewelry, artwork, antiques?

Yes ___ No ___. If yes, please complete the following:

Please describe the property and provide its estimated value: _____

3. Cash owned by you or your spouse:

Cash on hand: _____ Balance in checking or money market accounts: _____

Balance in savings accounts or similar accounts: _____

4. Stocks, bonds, mutual funds or other investments owned including retirement accounts (such as IRA, 401(k)) owned by you or your spouse:

Total value of investments: _____

Describe the nature of the investments: _____

C. OBLIGATIONS:

1. Estimate the average monthly expenses of you and your family:

Rental on house/apartment	\$
Mortgage payment on house/apartment:	\$
Property taxes on house/apartment:	\$
Gas/heating oil bill:	\$
Electric bill:	\$
Water bill:	\$
Phone/cell phone bill:	\$
Internet bill:	\$
Cable bill:	\$
Car payment:	\$
Fuel and maintenance for car:	\$
Car insurance payment:	\$
Other types of insurance payments (such as health, life, disability, property, renter's insurance):	\$
Food (do <i>not</i> include food purchased with SNAP benefits):	\$
Clothing:	\$
Transportation expenses:	\$
Medical expenses not covered by insurance:	\$
Alimony or child support payments:	\$
Monthly payments on outstanding debts:	
Please list: _____	\$
Please list: _____	\$
Please list: _____	\$
Other necessary expenses:	
Please list: _____	\$
Please list: _____	\$
Please list: _____	\$
TOTAL AMOUNT OF MONTHLY OBLIGATIONS:	\$

2. Debts:

Do you or your spouse owe any money other than mortgage or auto loans, such as student debt, medical debt, credit card debt? List the total amount of each debt below, and to whom it is owed.

Debt owed to: _____ \$ _____
 Debt owed to: _____ \$ _____
 Debt owed to: _____ \$ _____

3. Dependents/Other obligations:

List all persons who are dependent upon you and your spouse for support, state your relationship to those persons, their age, and indicate how much you contribute toward their support on a monthly basis:

Name (if under 18, initials only)	Relationship	Age	Monthly Support
			\$
			\$
			\$
			\$

4. Provide any other information that will help explain why you cannot pay the costs of these proceedings:

D. PREVIOUS LITIGATION:

If you have ever filed a case in federal court, provide the following information for each case you have filed. **All prior cases must be listed.** If you need additional space, please continue on a separate sheet.

Case Number	Case Caption	Disposition of Case
1.		
2.		
3.		
4.		

E. 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