

Filing Code: \_\_\_\_\_  
Your Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Self-Represented

**DISTRICT COURT**  
\_\_\_\_\_ **COUNTY, NEVADA**

_____ Plaintiff / Petitioner,  vs.  _____ Defendant / Respondent.	CASE NO.: _____  DEPT: _____
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**Application to Proceed in Forma Pauperis**

I am unable to pay the costs of prosecuting or defending this action. I request permission to proceed without paying costs or fees pursuant to NRS 12.015 based on the following:

**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. Sign and date page 3.*

**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	\$
<b>YOUR TOTAL</b>	\$

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

My total income ( <i>your total from above</i> ):	\$
Adult's name:	\$
Adult's name:	\$
Adult's name:	\$
Adult's name:	\$
<b>HOUSEHOLD TOTAL</b>	\$

**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	\$
<b>TOTAL</b>	\$

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)	\$
<b>TOTAL</b>	\$

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

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I understand that if approved, the order allowing me to proceed in forma pauperis will be valid for one year. I will have to file a new application to proceed in forma pauperis if I need filing fees and court costs waived after one year.

I declare under penalty of perjury under the law of the State of Nevada that the foregoing is true and correct.

DATED \_\_\_\_\_, 20\_\_.

Submitted By: (*Signature*) ▶ \_\_\_\_\_

Printed Name: \_\_\_\_\_