
(PETITIONER)

NO: _____ DIVISION _____

VERSUS

THE FAMILY COURT

PARISH OF EAST BATON ROUGE

(DEFENDANT)

STATE OF LOUISIANA

**FORM J
MOTION TO PROCEED *IN FORMA PAUPERIS***

NOW INTO COURT comes _____, who respectfully represents that he/she is a citizen of the State of Louisiana and is unable to pay the costs of court because of his/her poverty and lack of means, and therefore moves this Court for authorization to proceed *in forma pauperis*.

WHEREFORE Mover prays that this Court allow him/her to prosecute or defend this litigation in accordance with Louisiana Code of Civil Procedure articles 5181, *et seq.*, without paying the costs in advance or as they accrue or furnishing security therefor.

Respectfully submitted,

(SIGNATURE)

(PRINTED FULL NAME)

(STREET ADDRESS)

(CITY/STATE/ZIP CODE)

(TELEPHONE NUMBER)

Considering the above and foregoing Motion:

IT IS ORDERED that the mover herein shall be allowed to prosecute or defend this litigation in accordance with Louisiana Code of Civil Procedure articles 5181, *et seq.*, without paying the costs in advance or as they accrue, or furnishing security therefor.

THUS DONE AND SIGNED this _____ day of _____, 20____, at
Baton Rouge, Louisiana.

JUDGE, THE FAMILY COURT

(PETITIONER)

VERSUS

(DEFENDANT)

NO: _____ DIVISION _____

THE FAMILY COURT

PARISH OF EAST BATON ROUGE

STATE OF LOUISIANA

IN FORMA PAUPERIS AFFIDAVIT

All questions must be answered in full.

Note: Questions 2 and 3 should not be filled in if you are seeking protection from abuse

1. **Full name:** _____
SSN (Optional): XXX-XX- ___ ___ Date of Birth: _____
Age: _____ Sex: _____

2. **Address:** _____
(Box Number or Street Address) (City and State) (Zip Code)
(See note above)

3. **Telephone Number(s):** Home/Cell: _____ Work: _____
(See note above)

4. **Are you a student?** YES NO If yes, please indicate the name of the school you are attending: _____ Enrollment Status: _____

5. **Current Household:**
Single: Married: Separated: Divorced: Widowed: Intimate Partner:
How many children under the age of 18 do you support? _____
How many children live with you? _____ Do you have any other dependents? _____
State the name, age, and relationship to you of the children and dependents:

NAME	AGE	RELATIONSHIP

6. **What is your current occupation?** _____ Are you employed? YES NO
If yes, please complete the following **employer information:**
Name of employer: _____
Address: _____
(Box Number or Street Address) (City and State) (Zip Code)
Telephone Number: _____ How long have you been employed? _____

If you are not employed, please provide the information of your **last employer:**
Name of last employer: _____
Address: _____
(Box Number or Street Address) (City and State) (Zip Code)
How long have you been unemployed? _____ What were your monthly wages? _____

7. **Gross Income:**
(a) State your gross earned income from wages and how you are paid:
Weekly: Bi-Weekly Monthly: Amount/month: \$ _____
(b) Apart from income or support listed in response to question 8(b) below, how much other income do you receive on a monthly basis? \$ _____
(c) Monthly deductions: Federal Income Tax: \$ _____ FICA: \$ _____ TOTAL: \$ _____
(d) Other deductions: (explain) _____

TOTAL NET MONTHLY INCOME: (Add questions 7 (a) + (b) less (c)): \$ _____

8. (a) If you are married and live with a spouse, please answer:
 If your spouse employed? _____ What is the occupation of your spouse? _____
 Is your spouse paid: Weekly: Bi-Weekly: Monthly: Amount/month: \$ _____
 Name of spouse's employer: _____
 Address: _____
 (Box Number or Street Address) (City and State) (Zip Code)
 Telephone Number: _____ How long has your spouse been employed? _____

(b) Do you or your spouse receive any of the following income or support? YES NO
 If yes, state the monthly amount for each: SSI: \$ _____ Disability: \$ _____
 Worker's Comp: \$ _____ Unemployment Benefits: \$ _____
 Food Stamps: \$ _____ TANF: \$ _____ Child Support: \$ _____
 Spousal Support: \$ _____ Kinship Care Subsidy Grant: \$ _____ Other: \$ _____

If you are a client of a legal services program funded by the Legal Service Corporation or a Pro Bono Project that receives referrals from a legal services program and have a combined income from questions 7 and 8 that is less than or equal to 125% of the federal poverty level, skip all parts of question 9, and continue with question 10 on the next page.

9. Do you own or have an interest in any of the following? (Including community property)

A.	VALUE OF INTEREST	BALANCE OWED
HOUSE	\$	\$
AUTOMOBILE	\$	\$
TRUCK	\$	\$
WATERCRAFT	\$	\$
LIVESTOCK	\$	\$
MACHINERY	\$	\$
STOCK	\$	
BONDS	\$	
CERTIFICATES OF DEPOSIT	\$	
OTHER IMMOVABLE PROPERTY	Equity \$	Debt \$

DO YOU HAVE A BANK ACCOUNT(S)? YES NO Amount in account(s): \$ _____
 Checking: Savings: Name and Location of bank: _____
TOTAL VALUE OF ASSETS: \$ _____

B. i. List your Monthly Expenses

Rent: \$	Cable: \$	Car Note: \$
Lot Rent: \$	Garbage: \$	Car Insurance: \$
House Note: \$	Medical Insurance: \$	Transportation: \$
House Insurance: \$	Medical Expenses: \$	Food: \$
Gas: \$	Dental Expenses: \$	Barber/ Beauty: \$
Electricity: \$	Prescriptions: \$	Entertainment: \$
Water: \$	Life Insurance: \$	Grooming Supplies: \$
Telephone: \$	Daycare: \$	Garnishment: \$
Property Taxes: \$	Child Support: \$	Other: \$

Total amount of section (i): \$ _____

ii. Credit cards: (List type of card and monthly payment)

Card Name	Monthly Payment
	\$
	\$
	\$
	\$

Total amount of section (ii): \$ _____

iii. Financial Loans: (List the financial institution and your monthly payment)

Financial Name	Monthly Payment
	\$
	\$
	\$

Total amount of section (iii): \$ _____

TOTAL MONTHLY EXPENSES: (Add 9B (i+ii+iii) = Total Monthly Expenses) \$ _____

10. Does anyone regularly help you pay your expenses: YES NO

(a) If yes, state that person's name and relationship to you.

Name: _____ Relationship: _____

(b) Do you have any additional income or assets that are not shown above? YES NO

If you answered yes to either (a) or (b), please explain:

11. If you have an attorney, what arrangement have you made to pay your attorney's fee? What amount, if any, have you paid? (You are required to answer fully.)

12. Has your attorney or the Notary Public told you that you may go to jail if you intentionally give a false answer to any of the above questions? YES NO

AFFIDAVIT OF MOVER IN SUPPORT OF *IN FORMA PAUPERIS* MOTION

STATE OF _____

PARISH/COUNTY OF _____

BEFORE ME, the undersigned Notary Public, duly commissioned and qualified in this state and parish, personally appeared _____ who after being duly sworn, did depose and state that:

He/she provided the foregoing information, which is furnished for the purpose of requesting to litigate the above captioned matter without paying the costs in advance or as they accrue, or furnishing security therefor; and

The information is a true and correct statement of his/her information and further that he/she understands that he/she may go to jail if he/she gives false information.

NOTICE:

Although you may be granted the privilege of proceeding without prepayment of costs, **SHOULD JUDGMENT BE RENDERED AGAINST YOU, YOUR STATUS AS A PAUPER DOES NOT RELIEVE YOU OF THE OBLIGATION TO PAY THESE COSTS.**

The privilege to proceed *IN FORMA PAUPERIS* is restricted to litigants who are clearly entitled to do so, with due regard to the nature of the proceeding, the court costs which otherwise would have to be paid, and the ability of the litigant to pay them or to furnish security therefor, so that the indiscriminate filing of lawsuits may be discouraged, without depriving a litigant of the benefit of proceeding *in forma pauperis* if he/she is entitled to do so.

MOVER'S SIGNATURE

SWORN TO AND SUBSCRIBED before me this _____ day of _____,

20_____, at _____.

NOTARY PUBLIC

AFFIDAVIT OF THIRD PARTY IN SUPPORT OF *IN FORMA PAUPERIS* MOTION

STATE OF _____

PARISH/COUNTY OF _____

BEFORE ME, the undersigned Notary Public, duly commissioned and qualified in this state and parish, personally appeared _____ who after being duly sworn, did depose and state that he/she knows Mover well, and that he/she knows that because of Mover's poverty and want of means, Mover is unable to pay the costs of court in advance or as they accrue, or is unable to furnish security therefor.

SIGNATURE

SWORN TO AND SUBSCRIBED before me this _____ day of _____,
20____, at _____.

NOTARY PUBLIC

LEGAL SERVICE PROGRAM DECLARATION

I ATTEST that I am a duly authorized representative of a Legal Services Program funded by the Legal Service Corporation or a *Pro Bono* Project that receives referrals from one of these Legal Service Programs, and that the mover herein has produced evidence that he/she receives public assistance benefits, or that he/she has qualified to receive free legal services based on his/her income being less than or equal to 125% of the federal poverty level and therefore is entitled to a rebuttable presumption that he/she is entitled to the privilege of litigating without prior payment of costs.

Legal Services or *Pro Bono* Representative