
(PETITIONER)

VERSUS

(DEFENDANT)

NO: _____ **DIVISION** _____
THE FAMILY COURT
PARISH OF EAST BATON ROUGE
STATE OF LOUISIANA

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 WORKSHEET

NOTICE

Although you may be granted the privilege of proceeding without prepayment of costs, should a 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.

All of the following questions must be answered in full. Do not leave any space empty.

1. FULL NAME: _____

SSN: xxx-xx-____ DOB: _____ SEX: _____

2. ADDRESS: _____

3. TELEPHONES- HOME: _____ CELLULAR: _____

4. MARITAL STATUS (*circle one*): single married divorced living with someone

5. How many children live with you? _____ How many children under 18 do you support? _____

How many other dependents do you have? _____

Please provide the following information for all dependents:

<i>Name</i>	<i>Age</i>	<i>Relationship</i>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

6. Are you a student? _____ If yes, what school do you attend? _____

Date of enrollment: _____ Anticipated graduation date: _____

7. What is your occupation? _____ Are you employed? _____

Provide your current employment information, or your last employment information:

EMPLOYER: _____ ADDRESS: _____

TELEPHONE: _____

8. How long have you been employed or unemployed? _____

9. INCOME (*add lines a and b, then subtract lines c, d, and e*)

- a. What is your monthly gross income? \$ _____
- b. How much other income do you receive per month? \$ _____
- c. How much is your monthly federal income tax? \$ _____
- d. How much is your monthly FICA? \$ _____
- e. How much are your other monthly deductions? \$ _____

TOTAL NET MONTHLY INCOME: \$ _____

You must attach proof of income to this form. You may provide copies of your most recent paycheck, last year's tax return, or a W2 or 1099 form if no tax return was filed.

10. Is your spouse employed? _____ What is his/her occupation? _____

What is his/her monthly gross income? \$ _____

11. Please state the monthly amount that you or your spouse receive from these sources:

Worker's Comp:	\$ _____	Food Stamps:	\$ _____
Social Security:	\$ _____	Kinship Care:	\$ _____
Unemployment:	\$ _____	TANF:	\$ _____
Disability:	\$ _____	Child Support:	\$ _____
Spousal Support:	\$ _____	Other:	\$ _____

12. Do you own or have an interest in any of the following?

<i>Type</i>	<i>Value</i>	<i>Balance Owed</i>
Home	\$ _____	\$ _____
Auto	\$ _____	\$ _____
Watercraft	\$ _____	\$ _____
Stocks/Bonds	\$ _____	\$ _____
Certificate of Deposit	\$ _____	\$ _____
Other	\$ _____	\$ _____

Bank Account Value: \$ _____ Name and location: _____

13. Please list your monthly expenses:

Rent/Mortgage:	\$ _____	Prescriptions:	\$ _____
Home Insurance:	\$ _____	Life Insurance:	\$ _____
Property Tax:	\$ _____	Daycare:	\$ _____
Gas:	\$ _____	Child Support:	\$ _____
Electricity:	\$ _____	Garnishment:	\$ _____
Cable:	\$ _____	Auto Note:	\$ _____
Water:	\$ _____	Auto Insurance:	\$ _____
Garbage:	\$ _____	Transportation:	\$ _____
Telephone:	\$ _____	Food:	\$ _____
Cell Phone:	\$ _____	Entertainment:	\$ _____
Medical Insurance:	\$ _____	Personal/Grooming:	\$ _____
Medical Expenses:	\$ _____	Other:	\$ _____
Dental Expenses:	\$ _____	Other:	\$ _____

14. Please list any credit cards or financial loans that you have:

<i>Financial Institution/ Loan Type / Credit Card</i>	<i>Monthly Payment</i>
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

15. Does anyone regularly help pay your expenses? _____ If so, state the person's name and his/her relationship to you? _____

16. Please state any additional income or assets not reported above: _____

17. If you have an attorney, what arrangements have you made to pay the attorney's fee and what amounts have you paid? _____

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

(PETITIONER)

VERSUS

(DEFENDANT)

NO: _____ DIVISION _____

THE FAMILY COURT

PARISH OF EAST BATON ROUGE

STATE OF LOUISIANA

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.

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