

1 Case Number:
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6 **IN THE JUSTICE COURT OF ELY TOWNSHIP NO. 1**
7 **COUNTY OF WHITE PINE, STATE OF NEVADA**

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10 **MOTION TO WAIVE FEES AND COSTS**
(MOTION TO PROCEED IN FORMA PAUPERIS)

11 _____,
12 PLAINTIFF,

13 vs.
14 _____,
15 _____,

16 DEFENDANT.

17 I, _____, wish to file (describe the
18 document you wish to file) _____
19 _____.

20 I am unable to afford the filing fee(s)/cost(s) and request that the Court waive the filing fee(s) and/or
21 cost(s). In support of my request, I hereby, **under the penalty of perjury**, provide the following
22 information, relating to my financial condition and/or personal history: (failure to fully complete this
23 form shall constitute grounds for summary denial of the Motion to Waive Fees and Costs).
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NAME AND PERSONAL INFORMATION

My name is _____
My birthdate is _____
My mailing address is _____
My social security number is _____

RESIDENCE

- 1. I reside at _____;
- 2. I have lived there for _____; and
- 3. My last place of residence was _____.
- 4. I: (check one)
 - Own said residence
 - Rent said residence

HOUSEHOLD STATUS

- 1. I am: (check all that apply)
 - Single Married Divorced Separated;
- 2. My household consists of _____ person(s): (list relation(s) to you and age(s))
 - a. _____
 - b. _____
 - c. _____
 - d. _____
 - e. _____
 - f. _____
 - g. _____

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3. I: (check one)

pay child support, in the amount of \$ _____ per month

do not pay child support.

EMPLOYMENT

I am:

Employed at _____ and said

employment is

Full Time

Part Time, for _____ hours per week

Unemployed

INCOME

1. My take home pay is \$ _____, per week;

2. I receive \$ _____, from other income.

3. Other members of my household receive income of: (list person's name and weekly income)

a. _____ \$ _____

b. _____ \$ _____

c. _____ \$ _____

d. _____ \$ _____

4. My household receives: (check & complete all that apply)

Receives welfare/government aid for myself, as follows:

From _____

In the amount of \$ _____, per month.

Receives welfare/government aid for other household members, as follows:

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From _____

In the amount of \$_____, per month.

Does not receive welfare/government aid.

CASH ON HAND

I have: (check & complete all that apply)

Cash on hand, in the amount of \$_____

Bank account balances in the amount of \$_____

The bank name is _____.

The account is: (check and complete one)

Individual

Joint Account with _____

Jail property, in the amount of \$_____

Insurance Policies / Stocks / Bonds

I expect to receive \$_____ for _____

_____, on this date _____

PERSONAL PROPERTY

I have the following property (list all items with a value greater than \$250.00, including but not limited to vehicles of any type, firearms, tools, stock animals, any other items; attach additional pages as necessary):

- a. _____
- b. _____
- c. _____
- d. _____
- e. _____

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LIABILITIES AND EXPENSES

1. List all creditors and balance owing to each:

- a. To: _____ for _____ \$ _____
- b. To: _____ for _____ \$ _____
- c. To: _____ for _____ \$ _____
- d. To: _____ for _____ \$ _____
- e. To: _____ for _____ \$ _____
- f. To: _____ for _____ \$ _____
- g. To: _____ for _____ \$ _____
- h. To: _____ for _____ \$ _____
- i. To: _____ for _____ \$ _____

2. My monthly living expenses are: (check & complete all that apply)

- Rent: \$ _____
- Food: \$ _____
- Utilities: \$ _____
- Vehicle Pymt.: \$ _____
- Insurance: \$ _____
- Other: (describe and list)

Purpose _____ \$ _____
Purpose _____ \$ _____
Purpose _____ \$ _____
Purpose _____ \$ _____

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ASSISTANCE FROM FAMILY OR FRIENDS

I: (check one)

- Can obtain financial help from family or friends to pay the required filing fees and/or costs
- Cannot obtain financial help from family or friends to pay the required filing fees and/or costs

CLIENTS OF A PROGRAM FOR LEGAL AID

I: (check one)

- Am a client of the following program for legal aid _____
_____ See NRS 12.015.
- Am not a client of a program for legal aid.

OATH

I, hereby declare and swear, under penalty of perjury, that I have provided all information requested and that said information contained in this declaration/affidavit, is all true and correct as of today's date: _____, 20____ .

PRINTED NAME

SIGNATURE

ORDER

The Court, has reviewed the foregoing request. Accordingly and good cause appearing, the Motion to Waive Fees and Costs is:

- GRANTED. DENIED.

Dated: _____.

JUSTICE OF THE PEACE