

**IN THE UNITED STATES DISTRICT COURT
FOR THE EASTERN DISTRICT OF VIRGINIA
Norfolk/Newport News Division**

_____, Plaintiff

Civil Action No. _____

_____, Defendant(s)

MOTION TO PROCEED IN FORMA PAUPERIS AND FINANCIAL AFFIDAVIT

I, _____, say that I am the plaintiff in the above entitled case, that I move to proceed without being required to prepay fees, costs or give security therefor, and that in support of this motion I state that because of my poverty I am unable to pay the costs of said proceeding or to give security therefor; and that I believe I am entitled to relief.

I further state that the responses which I have made to questions and instructions below are true.

EMPLOYMENT

Are you employed? _____ Yes _____ No _____ Self-Employed

IF YES, How much do you earn per month? _____

Name & Address of employer: _____

IF NO, give month and year of last employment: _____

How much did you earn per month? _____

IF MARRIED, is your spouse employed? _____ Yes _____ No

IF YES, how much does your spouse earn per month? _____

IF A MINOR, what is your parents' approximate monthly income? _____

OTHER INCOME

Have you received within the past 12 months any income from a business, profession or other form of self-employment, or in rent payments, interest dividends, retirement or annuity payments, gifts or inheritance or other sources? _____ Yes _____ No

IF YES, give the amount received and identify the source(s):

\$ _____ Received from Source(s) _____

\$ _____ Received from Source(s) _____

CASH

Have you any cash on hand or money in savings or checking accounts? _____ Yes _____ No

Total Amount: Checking \$ _____ Savings \$ _____ Other \$ _____

PROPERTY

Do you own any real estate, stocks, bonds, notes, automobiles, boats, or other valuable property (excluding ordinary furnishings and clothing)? _____ Yes _____ No

IF YES, give value and describe it:

Value	Description
\$ _____	_____
\$ _____	_____

MARITAL STATUS

_____ Single _____ Married _____ Widowed _____ Separated or Divorced

DEPENDENTS

Total Number of Dependents: _____

List persons you actually support, your relationship to them and how much you contribute toward their support:

_____	_____
_____	_____
_____	_____

DEBTS & MONTHLY BILLS

List all creditors, including banks, loan companies, charge accounts, etc.:

Creditors	Total Debt	Monthly Payment
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____

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

Executed on _____

(Date)

(Signature)

Address: _____

Phone Number: _____