United States Court of Appeals Eighth Circuit

) Appeal No.
Plaintiff/Petitioner	
v.) District Court or Agency No.
)
Defendant/Respondent)

APPLICATION TO PROCEED WITHOUT PREPAYING FEES OR COSTS

Affidavit in Support of the Application	Instructions
I am a plaintiff or petitioner in this case and declare	Complete all questions in this application and then sign it.
that I am unable to pay the costs of these proceedings and that I am entitled to the relief requested. I declare under penalty of perjury that the information below is true and understand that a false statement may result in a dismissal of my claims.	Do not leave any blanks: if the answer to a question is "0," "none," or "not applicable (N/A)," write that response. If you need more space to answer a question or to explain your answer, attach a separate sheet of paper identified with your name, your case's docket number, and the question number.
Signed:	Date:

1. For both you and your spouse estimate the average amount of money received from each of the following sources during the past 12 months. Adjust any amount that was received weekly, biweekly, quarterly, semiannually, or annually to show the monthly rate. Use gross amounts, that is, amounts before any deductions for taxes or otherwise.

Income source	Average monthly income amount during the past 12 months		Income amount expected next month		
	You	Spouse	You	Spouse	
Employment	\$	\$	\$	\$	
Self-employment	\$	\$	\$	\$	
Income from real property (such as rental income)	\$	\$	\$	\$	
Interest and dividends	\$	\$	\$	\$	
Gifts	\$	\$	\$	\$	

Alimony	\$ \$	\$ \$
Child support	\$ \$	\$ \$
Retirement (such as social security, pensions, annuities, insurance)	\$ \$	\$ \$
Disability (such as social security, insurance payments)	\$ \$	\$ \$
Unemployment payments	\$ \$	\$ \$
Public-assistance (such as welfare)	\$ \$	\$ \$
Other (specify):	\$ \$	\$ \$
Total monthly income:	\$ \$	\$ \$

2. List your employment history for the past two years, most recent employer first. (*Gross monthly pay is before taxes or other deductions.*)

Employer	Address	Dates of employment	Gross monthly pay
			\$
			\$

3. List your spouse's employment history for the past two years, most recent employer first. (Gross monthly pay is before taxes or other deductions.)

Employer	Address	Dates of employment	Gross monthly pay
			\$
			\$
			\$

4.	How much cash do you and your spouse have? \$
	Below, state any money you or your spouse have in bank accounts or in any other financial institution.

Financial institution	Type of account	Amount you have	Amount your spouse has
		\$	\$
		\$	\$
		\$	\$

If you are a prisoner, you must attach a statement certified by the appropriate institutional officer showing all receipts, expenditures, and balances during the last six months in your institutional accounts. If you have multiple accounts, perhaps because you have been in multiple institutions, attach one certified statement of each account.

5. List the assets, and their values, which you own or your spouse owns. Do not list clothing and ordinary household furnishings.

Assets owned b	y you or your spouse
Home (Value)	\$
Other real estate (Value)	\$
Motor vehicle #1 (Value)	\$
Make and year:	
Model:	
Registration #:	
Motor vehicle #2 (Value)	\$
Make and year:	
Model:	
Registration #:	
Other assets (Value)	\$
Other assets (Value)	\$

6. State every person, business, or organization owing you or your spouse money, and the amount owed.

Person owing you or your spouse money	Amount owed to you	Amount owed to your spouse
	\$	\$
	\$	\$
	\$	\$

7. State the persons who rely on you or your spouse for support.

Name (or, if under 18, initials only)	Relationship	Age

8.	8. Estimate the average monthly expenses of you and your family. Show separately the amounts paid be spouse. Adjust any payments that are made weekly, biweekly, quarterly, semiannually, or annually to monthly rate.				
			You	Y	our spouse
Rent o	r home-mortgage payment (including lot rented for mobile Are real estate taxes included? Yes No Is property insurance included? Yes No	e home)	\$	\$	
Utilitie	es (electricity, heating fuel, water, sewer, and telephone)		\$	\$	
Home	maintenance (repairs and upkeep)		\$	\$	
Food			\$	\$	
Clothi	ng		\$	\$	
Laund	ry and dry-cleaning		\$	\$	
Medic	al and dental expenses		\$	\$	
Transp	portation (not including motor vehicle payments)		\$	\$	
Recrea	ation, entertainment, newspapers, magazines, etc.		\$	\$	
Insura	nce (not deducted from wages or included in mortgage paymen.	ts)			
	Homeowner's or renter's:		\$	\$	
	Life:		\$	\$	
	Health:		\$	\$	
	Motor vehicle:		\$	\$	
	Other:		\$	\$	
Taxes	(not deducted from wages or included in mortgage payments) (s	pecify):	\$	\$	
Install	Installment payments				
	Motor vehicle:		\$	\$	
	Credit card (name):		\$	\$	

	Department store (name):	\$	\$	
	Other:	\$	\$	
Alimony, maintenance, and support paid to others		\$	\$	
Regular expenses for operation of business, profession, or farm (attach detailed statement)		\$	\$	
Other (specify):		\$	\$	
	Total monthly expenses:	\$	\$	
9.	or liabilities during the next 12 months? Yes No If yes, describe on an attached sheet. Have you spent — or will you be spending — any money for expenses of lawsuit? Yes No If yes, how much? \$	next 12 months? Yes No If yes, describe on an attached sheet. Ye you spent — or will you be spending — any money for expenses or attorney fees in conjunction with this suit? Yes No es, how much? \$		
11.12.	Provide any other information that will help explain why you cannot pay Identify the city and state of your legal residence.	the costs of these prod	ceedings.	
	Your daytime phone number:			
	Your age: Your years of schooling:			