

## FORM 4 AFFIDAVIT ACCOMPANYING MOTION FOR PERMISSION TO APPEAL IN FORMA PAUPERIS

United States District Court for the \_\_\_\_\_ District of \_\_\_\_\_

v.

Case No. \_\_\_\_\_

### Affidavit in Support of Motion

I swear or affirm under penalty of perjury that, because of my poverty, I cannot prepay the docket fees of my appeal or post a bond for them. I believe I am entitled to redress. I swear or affirm under penalty of perjury under United States laws that my answers on this form are true and correct. (28 U.S.C. § 1746; 18 U.S.C. § 1621.)

Signed: \_\_\_\_\_

### Instructions

Complete all questions in this application and then sign it. Do not leave any blanks: if the answer to a question is "0," "none," or "not applicable (N/A)," write in 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.

Date: \_\_\_\_\_

### My issues on appeal are:

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 amount during the past 12 months		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:	\$ _____	\$ _____	\$ _____	\$ _____

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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, seeking to appeal a judgment in a civil action or proceeding, 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.

Home (Value)	Other real estate (Value)	Motor vehicle #1 (Value)
		Make & year: _____
		Model: _____
		Registration # _____

**Motor vehicle #2 (Value)**

**Other assets (Value)**

**Other assets (Value)**

Make & year: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Model: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Registration #: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**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. Estimate the average monthly expenses of you and your family. Show separately the amounts paid by your spouse. Adjust any payments that are made weekly, biweekly, quarterly, semiannually, or annually to show the monthly rate.**

**You**

**Your Spouse**

**Rent or home-mortgage payment (include  
lot rented for mobile home)**

\$ \_\_\_\_\_

\$ \_\_\_\_\_

Are real-estate taxes included?  Yes  No

Is property insurance included?  Yes  No

**Utilities (electricity, heating fuel,  
water, sewer, and Telephone)**

\$ \_\_\_\_\_

\$ \_\_\_\_\_

**Home maintenance (repairs and upkeep)**

\$ \_\_\_\_\_

\$ \_\_\_\_\_

**Food**

\$ \_\_\_\_\_

\$ \_\_\_\_\_

**Clothing**

\$ \_\_\_\_\_

\$ \_\_\_\_\_

**Laundry and dry-cleaning**

\$ \_\_\_\_\_

\$ \_\_\_\_\_

**Medical and dental expenses**

\$ \_\_\_\_\_

\$ \_\_\_\_\_

**Transportation (not including motor vehicle  
payments)**

\$ \_\_\_\_\_

\$ \_\_\_\_\_

**Recreation, entertainment, newspapers,  
magazines, etc.**

\$ \_\_\_\_\_

\$ \_\_\_\_\_

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<b>Insurance (not deducted from wages or included in Mortgage payments)</b>	\$ _____	\$ _____
Homeowner's or renter's	\$ _____	\$ _____
Life	\$ _____	\$ _____
Health	\$ _____	\$ _____
Motor Vehicle	\$ _____	\$ _____
Other: _____	\$ _____	\$ _____
<b>Taxes (not deducted from wages or included in Mortgage payments)</b>		
(specify): _____	\$ _____	\$ _____
<b>Installment payments</b>	\$ _____	\$ _____
Motor Vehicle	\$ _____	\$ _____
Credit card (name): _____	\$ _____	\$ _____
Department store (name): _____	\$ _____	\$ _____
Other: _____	\$ _____	\$ _____
<b>Alimony, maintenance, and support paid to others</b>	\$ _____	\$ _____
<b>Regular expenses for operation of business, profession, or farm (attach detailed statement)</b>	\$ _____	\$ _____
<b>Other (specify): _____</b>	\$ _____	\$ _____
<b>Total monthly expenses:</b>	\$ _____	\$ _____

9. Do you expect any major changes to your monthly income or expenses or in your assets or liabilities during the next 12 months?

Yes  No

If yes, describe on an attached sheet.

10. Have you spent -or will you be spending- any money for expenses or attorney fees in connection with this lawsuit?  Yes  No

If yes, how much? \$ \_\_\_\_\_

11. Provide any other information that will help explain why you cannot pay the docket fees for your appeal.

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12. State the [city and state] of your legal residence.

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Your daytime phone number: (\_\_\_\_) \_\_\_\_\_

Your age: \_\_\_\_\_ Your years of schooling: \_\_\_\_\_

[Last four digits of] your social-security number: \_\_\_\_\_

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