

## APPLICATION TO PROCEED IN FORMA PAUPERIS

State of Vermont	Court	Unit No.	Circuit/County	Type of Case	Docket Number
Name of Applicant			Date of Birth	Social Security Number	Telephone Number (Day)
Street Address			City, State, Zip Code		Telephone Number (Evening)

Names(s) of Dependents (People you Support)	Relationship	Total Number of Dependents (including applicant)	<b>IMPORTANT</b> Do you receive public assistance*? Do you cohabit *** with anyone? Relationship of Applicant to Cohabitant?	<table border="1" style="border-collapse: collapse;"> <tr> <td style="padding: 2px;">Yes</td> <td style="padding: 2px;">No</td> </tr> <tr> <td style="padding: 2px;"> </td> <td style="padding: 2px;"> </td> </tr> </table>	Yes	No		
Yes	No							

Income				Assets			Monthly Expenses	
	Previous 30 Days		Previous 12 Months					
	Applicant	Cohabitant ***	Applicant	Cohabitant ***				
Gross Income from Wages	\$	\$	\$	\$	Real Estate Owned: Location			Phone
Business Income less Expenses					Fair Market Value - Outstanding Mortgage(s) = Net Worth			Rent
Unemployment Comp.					\$	\$	\$	Utilities/Fuel
Child Support					Motor Vehicles, Motorcycles, All Terrain Vehicles, Boats			Food
Public Assistance*					Year Make/Model	Amount owed	Net Worth	Clothing
Other Income**						\$	\$	Medical
<b>Total</b>	\$	\$	\$ <sup>A</sup>	\$ <sup>B</sup>	Cash on Hand			Child Support
<b>TOTAL ANNUAL INCOME</b> <sup>(A+B)</sup>				\$	Checking Account(s): Name of Bank and Account #			Insurance: Home
								Health
								Auto
								Life
								Loan Payments: Motor Vehicles
								Home Mortgage
								Property Taxes
								Other Expenses
								Other
								Other
								<b>TOTAL</b> \$
								<b>EXPENSES</b>

I request the Court waive filing fees and/or pay service fees in the above entitled matter because of my low income. I make the above answers UNDER PENALTY OF PERJURY. **If at any time during the pendency of this action I become financially able to pay for the filing fees and/or service fees, I will do so.**

The above individual personally appeared before me and made oath to the truth of the above matters.	Notary Public	Date	Signature of Applicant	Date
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### FINDINGS AND ORDER

1. The **Applicant is Not a Financially Needy Person** in that the applicant does have sufficient liquid assets, sufficient non-liquid assets which would provide collateral to borrow money, or sufficient income in excess of basic expenses to pay filing fees and service fees. Applicant's Request to Proceed In Forma Pauperis is hereby **DENIED**. You must pay \$ \_\_\_\_\_ to the court clerk within 30 days or the case will be dismissed.

2. The **Applicant is a Financially Needy Person** in that the applicant does not have sufficient liquid assets, sufficient non-liquid assets which would provide collateral to borrow money, or sufficient income in excess of basic expenses to pay filing fees or the service fees. Applicant's Request to Proceed in Forma Pauperis is hereby **GRANTED**. The ability to pay will be reassessed at the end of the case.

3. The **Applicant is a Financially Needy Person**. However, based on the financial statement, the applicant can pay the costs of service. **The applicant is ordered to pay \$ \_\_\_\_\_ in service fees**

to the court clerk.  to the sheriff.

<b>Respondent may be required to pay the remainder of service and filing fees and any additional service fees incurred during the pendency of this case.</b>	Court Clerk/Clerk Designee	Date
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**Notice to Applicant:** You are advised that you have the right to **appeal** this order to the judge of this court. Your appeal must be filed in writing with the clerk of this court within 7 days of the date of this order.