Form J

IN FORMA PAUPERIS FORM

(PETITIONER)

VERSUS

proceed in forma pauperis.

(DEFENDANT)

MOTION TO PROCEED IN FORMA PAUPERIS

NOW INTO COURT comes ______, who respectfully represents that he/she is a citizen of the State of Louisiana and is unable to pay the costs of court because of his/her poverty and lack of means, and therefore moves this Honorable Court for authorization to

WHEREFORE mover prays that he/she be allowed to prosecute or defend this litigation in accordance with Louisiana Code of Civil Procedure articles 5181, *et seq.*, without paying the costs in advance or as they accrue, or furnishing security therefor.

PERSONAL AND FINANCIAL INFORMATION

NOTE: All questions must be answered in full. Do not leave any space empty.

| 1. Full Name: | | · · · · · · · · · · · · · · · · · · · | |
|------------------------------|---------------------------|---------------------------------------|-----------------------------------|
| SSN: XXX – XX | DOB: | | Sex: |
| 2. Address: | | | |
| 3. Telephones – Home: | | Cell: | |
| 4. Marital Status – Single: | Married: I | Divorced: | Living with someone: |
| 5. How many children live | with you? How m | nany children u | under 18 do you support? |
| Do you have other depende | ents? Please provid | de the followin | g information for all dependents: |
| Name | | Age | Relationship |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| 6. Are you a student? | If yes, what school are | e vou attending? | |
| | | | |
| | | | |
| | | | Are you employed? |
| If yes, provide your current | employment information. I | If no, provide | your last employment information. |
| Employer name: | <i>F</i> | Address: | |
| | | | |
| 8. How long have you been cu | | - | |

NO: _____ DIV. ____

THE FAMILY COURT

PARISH OF EAST BATON ROUGE

STATE OF LOUISIANA

9. Income

| (Add line a and line b, then subtract line c, | |
|---|--|
| e. How much are your other monthly deductions? | |
| d. How much is your monthly FICA? | |
| c. How much is your monthly federal income tax? | |
| b. How much other income do you receive per month? | |
| a. What is your monthly gross income? | |
| | b. How much other income do you receive per month?c. How much is your monthly federal income tax?d. How much is your monthly FICA? |

Please attach proof of income to this form. You may provide copies of your most recent paycheck, the prior year's tax return with all attachments, or W2 forms and 1099 forms if no tax return was filed.

| 10. Is your spouse employed? | What is his/her occupation? | |
|---|------------------------------------|----------------------------------|
| What is his/her monthly gross incor | me? | |
| 11. Please state the monthly amo | unt of income that you or your spe | ouse receive from these sources: |
| Worker's Comp: Food Stamps: | | Kinship Care: |
| SSI: | TANF: | Other: |
| Unemployment: | Child Support: | |
| Disability: | Spousal Support: | TOTAL: |

12. Do you own or have an interest in any of the following (including community property)?

| Туре | Value | Balance owed | |
|--|-------|--------------|-------|
| House | | | |
| Automobile | | | |
| Watercraft | | | |
| Livestock | | | |
| Machinery | | | |
| Stock | | | |
| Bonds | | | |
| Certificate of Deposit | | | |
| Other Immoveable Proper | ty: E | Equity: | Debt: |
| Bank Account: Value Name and location of bank: | | | |

TOTAL: _____

13. *Please list your monthly expenses:*

| Rent: | Telephone: | Car Note: |
|-----------------|--------------------|--------------------|
| Lot Rent: | Cell Phone: | Car Insurance: |
| House Note: | Medical Insurance: | Transportation: |
| Home Insurance: | Medical Expenses: | Food: |
| Property Tax: | Dental Expenses: | Barber/Beauty: |
| Gas: | Prescriptions: | Entertainment: |
| Electricity: | Life Insurance: | Grooming Supplies: |
| Cable: | Daycare: | Other: |
| Water: | Child Support: | Other: |
| Garbage: | Garnishment: | Other: |

TOTAL MONTHLY EXPENSES: _

| 15. <i>Please list any financial loans that you have:</i> |
|--|
| Financial institution name / loan type |

| | | |
|------|------|--|
| | | |
| | | |
| | | |

Monthly payment

Monthly payment

TOTAL: _____

TOTAL: _____

16. Does anyone regularly help pay your expenses? _____ If so, state the person's name and relationship to you: _____

17. Please state any additional income or assets not reported above:

18. If you have an attorney, what arrangement have you made to pay the attorney fee, and what amount have you paid?

19. Do you understand that you may go to jail if you give false information on this form?

AFFIDAVIT OF MOVER

PARISH OF _____

STATE OF LOUISIANA

BEFORE ME, the undersigned Notary Public, duly commissioned and qualified in this state and parish, personally appeared _______, who after being sworn, declared: 1. that he/she provided the information above, and that the information is furnished to the Court for the purpose of requesting permission to litigate the above captioned lawsuit without paying the costs in advance or as they accrue, or furnishing security therefor;

2. that the above information is a true and correct statement of his/her information; and

3. that he/she has read and understands the privilege contained in the notice below.

NOTICE: Although you may be granted the privilege of proceeding without prepayment of costs, should a judgment be rendered against you, your status as a pauper does not relieve you of the obligation to pay these costs. The privilege to proceed *in forma pauperis* is restricted to litigants who are clearly entitled to do so, with due regard to the nature of the proceeding, the court costs which otherwise would have to be paid, and the ability of the litigant to pay them, or to furnish security therefor, so that the indiscriminate filing of lawsuits may be discouraged, without depriving a litigant of the benefit of proceeding *in forma pauperis* if he/she is entitled to do so.

Mover Signature

SWORN TO AND SUBSCRIBED before me this _____ day of ______, 20____, at

_____, Louisiana.

NOTARY PUBLIC

AFFIDAVIT OF THIRD PARTY

PARISH OF ____

STATE OF LOUISIANA

BEFORE ME, the undersigned Notary Public, duly commissioned and qualified in this state and parish, personally appeared _______, who after being sworn, declared that he/she knows the mover, _______, well, and that he/she knows that because of the mover's poverty and want of means, the mover is unable to pay the costs of court in advance or as they accrue, nor is the mover able to furnish security therefor.

Third Party Signature

SWORN TO AND SUBSCRIBED before me this ____ day of _____, 20___, at ____, Louisiana.

NOTARY PUBLIC

LEGAL SERVICE PROGRAM DECLARATION

I ATTEST that I am a duly authorized representative of a Legal Services Program funded by the Legal Service Corporation or a Pro Bono Project that receives referrals from one of these Legal Service Programs, and that ______ has produced evidence that he/she receives public assistance benefits, or that he/she has qualified to receive free legal services based on his/her income being less than or equal to 125% of the federal poverty level and therefore is entitled to a rebuttable presumption that he/she is entitled to the privilege of litigating without prior payment of costs.

Legal Services or Pro Bono Representative

<u>ORDER</u>

Considering the foregoing, let the mover herein prosecute or defend this litigation in accordance with Louisiana Code of Civil Procedure articles 5181, *et seq.*, without paying the costs in advance or as they accrue, or furnishing security therefor.

THUS DONE AND SIGNED this _____ day of ______, 20____, at Baton Rouge, Louisiana.

JUDGE, THE FAMILY COURT