AAFW
Name: _____
Address: _____
City, State, Zip: _____
Phone: _____
Email: _____

JUSTICE COURT, LAS VEGAS TOWNSHIP
CLARK COUNTY, NEVADA

_____ Plaintiff, vs. _____ Defendant.	CASE NO.: _____ DEPT: _____

Application to Proceed in Forma Pauperis

I am unable to pay the costs of prosecuting or defending this action. I request permission to proceed without paying costs or fees pursuant to NRS 12.015 based on the following:

1. **Public Assistance.** I receive federal and/or state public assistance benefits: (*check all that you receive*)
   - ☐ Medicaid
   - ☐ SNAP (food stamp assistance)
   - ☐ TANF (temporary assistance for needy families)
   - ☐ Child care subsidy/ Child Care & Development Fund assistance
   - ☐ SSI (supplemental security income)
   - ☐ Other federal and/or state public assistance:_____.
   - ☐ I do not receive any kind of public assistance.

2. **Household Members**: In my household there are _____ adults (over 18) and _____ children (under 18) for a total of _____ people.

3. **Income** includes employment (include tips/overtime), unemployment, retirement, pension, social security, child support. Please list all income for household member: (*all numbers should be after taxes are taken out*):

For each adult in the home, list net monthly income (*after taxes*):

My total income	$
Household Adult #1 total income	$
Household Adult #2 total income	$
Household Adult #3 total income	$
Household Adult #4 total income	$
Household Adult #5 total income	$
HOUSEHOLD TOTAL	$

4. **My basic monthly expense include:** *Fill out the chart below.*

Rent / Mortgage	$
Utilities (electric, gas, water, phone, other utilities)	$
Food	$
Child care	$
Medical expenses (health insurance, co-pays, out of pocket expenses)	$
Transportation (bus fare, car, gas, insurance)	$
Other:	$
TOTAL	$

5. **Other Compelling Reason.** Explain why you cannot pay the filing fee.

_____

_____

_____

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

DATED (*month*) _____ (*day*) _____, 20___.

Submitted By: (*Signature*) ▸ _____

Printed Name: _____

FOR COURT USE ONLY

Upon consideration of the movant's Application to Proceed in Forma Pauperis, and good cause appearing therefore,

☐ The Application to Proceed in Forma Pauperis is **GRANTED**. The applicant shall be permitted to proceed with fees and costs waived in this action as permitted by NRS 12.015.

☐ The Application to Proceed in Forma Pauperis is **DENIED** for the following reasons:
- ☐ The applicant is not indigent within the meaning of NRS 12.015
- ☐ The application was incomplete or not legible.

_____ _____

Date Justice of the Peace/Clerk of Court