

United States District Court

WESTERN DISTRICT OF KENTUCKY

**NON-PRISONER APPLICATION TO PROCEED
WITHOUT PREPAYMENT OF FEES AND
AFFIDAVIT**

_____, Plaintiff

v.

_____, Defendant(s)

CASE NUMBER:

I, _____, swear or affirm under penalty of perjury that I am the (check appropriate box)

petitioner/plaintiff/movant other _____

in the above-named proceeding, that I am unable to pay the costs of these proceedings, and that I believe I am entitled to the relief sought in the complaint/petition/motion. I further swear or affirm under penalty of perjury under United States laws that my answers on this form and any attachments are true and correct.

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 and the question number.

NOTE: You should be prepared to provide the Court with copies of documents that support or verify all your answers to the questions in this application.

Signed: _____

Date: _____

Print your Name: _____

1. State the address of your legal residence

Your daytime phone number: _____

2. 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, bi-weekly, quarterly, semi-annually, 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 & dividends	\$ _____	\$ _____	\$ _____	\$ _____

Income Source	Average monthly amount during the past 12 months		Amount expected next month	
	YOU	SPOUSE	YOU	SPOUSE
Gifts or Inheritance	\$ _____	\$ _____	\$ _____	\$ _____
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	\$ _____	\$ _____	\$ _____	\$ _____

3. Are you currently employed? Yes No
 Is your spouse currently employed? Yes No

4. List your employment history, current or, if you are not currently employed, most recent employer first. (Gross monthly pay is before taxes or other deductions.)

Employer	Address	Dates of Employment	Gross Monthly Pay
a.			\$ _____
b.			\$ _____
c.			\$ _____

List your spouse's employment history, current or, if your spouse is not currently employed, most recent employer first. (Gross monthly pay is before taxes or other deductions.)

Employer	Address	Dates of Employment	Gross Monthly Pay
a.			\$ _____
b.			\$ _____
c.			\$ _____

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

Financial Institution	Type of Account	Amount You Have	Amount Your Spouse Has
a.		\$ _____	\$ _____
b.		\$ _____	\$ _____
c.		\$ _____	\$ _____

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

Asset	Description	Value
a. Home		\$ _____
b. Real Estate		\$ _____
c. Motor Vehicle	Make & Year: Model: Registration #:	\$ _____
d. Motor Vehicle	Make & Year: Model: Registration #:	\$ _____
e. Other Assets (for example, stocks, bonds, securities or other financial instruments)		\$ _____
f. Other Assets		\$ _____

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

Who owes you or your spouse money?	Amount owed to you	Amount owed to your spouse
a.	\$ _____	\$ _____
b.	\$ _____	\$ _____
c.	\$ _____	\$ _____
d.	\$ _____	\$ _____

9. State the persons who rely on you or your spouse for support. **Use only initials for minors (under 18)**

Name	Relationship	Age	Amount Contributed Monthly for His/Her Support
a.			\$ _____
b.			\$ _____
c.			\$ _____
d.			\$ _____

10. Estimate the average monthly expenses of you and your family. Show separately the amounts paid by your spouse. Adjust any amount that was received weekly, bi-weekly, quarterly, semi-annually, or annually to show the monthly rate.

Expense	You	Your Spouse
Rent or home mortgage payment (include lot rented for mobile home)	\$ _____	\$ _____
Are real estate taxes included? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Is property insurance included? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Utilities (electricity, heating fuel, water, sewer, 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.	\$ _____	\$ _____

Expense	You	Your Spouse
Insurance (not deducted from wages or included in mortgage payments.)		
Homeowner's or renters:	\$ _____	\$ _____
Life:	\$ _____	\$ _____
Health:	\$ _____	\$ _____
Motor Vehicle:	\$ _____	\$ _____
Other:	\$ _____	\$ _____
Taxes (not deducted from wages or included in mortgage payments)(specify): _____	\$ _____	\$ _____
Installment payments		
Motor Vehicle:	\$ _____	\$ _____
Credit Card(s) (name): _____	\$ _____	\$ _____
Department Store (name): _____	\$ _____	\$ _____
Other: _____	\$ _____	\$ _____
Alimony, maintenance, and support paid to others	\$ _____	\$ _____
Regular expenses for the operation of business, profession, or farm (attach detailed statement)	\$ _____	\$ _____
Other (specify): _____	\$ _____	\$ _____
TOTAL MONTHLY EXPENSES	\$ _____	\$ _____

11. Do you expect any major changes to your or your spouse's monthly income or expenses, or in your or your spouse's assets or liabilities during the next 12 months? Yes No
If yes, describe on an attached sheet.
12. Have you paid – or will you be paying – an attorney any money for services in connection with this case, including the completion of this form? Yes No
If yes, how much? \$ _____
If yes, state the attorney's name, address and telephone number:

13. Have you paid – or will you be paying – anyone other than an attorney (such as a paralegal or typist) any money for services with this case, including the completion of this form? Yes No
If yes, how much? \$ _____
If yes, state the person's name, address and telephone number:

14. Provide any other information that will help explain why you cannot, or cannot without undue hardship, pay the fees or costs for this case.