

The 18th Judicial District, Iberville, Pointe Coupee & West Baton Rouge Parishes
State of Louisiana

Form J

IN FORMA PAUPERIS

(PETITIONER)

VERSUS

(DEFENDANT)

NO: _____ DIV. _____

THE 18TH JUDICIAL DISTRICT COURT

PARISH OF _____

STATE OF LOUISIANA

MOTION TO PROCEED IN FORMA PAUPERIS

MOVER, _____ is a citizen of the State of Louisiana and desires to avail (himself) (herself) of the benefits provided by law, especially the Louisiana Code of Civil Procedure, Articles 5181-5188, as amended, and begs leave of this Honorable Court to proceed "in forma pauperis."

MOVER, further alleges that (he) (she) is without means to pay costs in this action, either in advance or as they accrue, or to furnish security therefore (see attached fact sheet).

WHEREFORE, MOVER PRAYS that the Court allow (him)(her) to proceed "in forma pauperis" as provided by the laws of the State of Louisiana.

ATTORNEY FOR MOVER

PRINT NAME (ATTORNEY FOR MOVER)

VERIFICATION

STATE OF LOUISIANA

PARISH OF ___ IBERVILLE ___ POINTE COUPEE ___ WEST BATON ROUGE

BEFORE ME, personally came and appeared: who, being duly sworn, did depose and say: That (he) (she) is unable, because of (his) (her) poverty and want of means to pay costs in advance or as they accrue or to furnish security therefore.

Mover's Signature

SWORN TO AND SUBSCRIBED BEFORE ME, a Notary Public in _____, Louisiana this _____ day of _____, 20____

(c) Monthly Deductions: Federal Income Tax: \$ _____ FICA: \$ _____ State: \$ _____

(d) Other Deductions: (explain) _____

TOTAL NET MONTHLY INCOME: (Add question 7(a) + (b) less (c))\$ _____

8. (a) If you are married and live with a spouse, please answer:

Is your spouse employed? _____ What is the occupation of your spouse? _____

How long has your spouse been employed? _____

Is your spouse paid Weekly? _____ Bi-Weekly? _____ Monthly? _____

Amount/month \$ _____

Name of spouse's employer: _____

Address: _____

(Box Number or Street Address)

(City and State)

(Zip Code)

Telephone Number: _____

8. (b) Do you or your spouse receive any of the following income or support? _____ YES _____ NO

If yes, state the monthly amount. SSI: \$ _____ Disability: \$ _____

Worker's Comp: \$ _____ Unemployment Benefits: \$ _____

Food Stamps: \$ _____ TANF: \$ _____ Child Support \$ _____

Spousal Support: \$ _____ Kinship Care Subsidy Grant: \$ _____ Other: \$ _____

If you are a client of a legal services program funded by the Legal Service Corporation or a Pro Bono Project that receives referrals from a legal services program and have a combined income from questions 7 and 8 that is less than or equal to 125% of the federal poverty level, skip all parts of questions 9, and continue with question 10 on the next page.

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

A.	VALUE	BALANCED OWED
HOUSE	\$ _____	\$ _____
AUTOMOBILE	\$ _____	\$ _____
TRUCK	\$ _____	\$ _____
WATERCRAFT	\$ _____	\$ _____
LIVESTOCK	\$ _____	\$ _____
MACHINERY	\$ _____	\$ _____
STOCK	\$ _____	
BONDS	\$ _____	
CERTIFICATES OF DEPOSIT	\$ _____	
OTHER IMMOVABLE PROPERTY	Equity \$ _____	Debt \$ _____

DO YOU HAVE A BANK ACCOUNT (S)? YES NO Amount in account(s): \$ _____
 CHECKING SAVINGS Name and Location of Bank: _____

TOTAL VALUE OF ASSETS: \$ _____

B. (I). List your Monthly Expenses:

Rent: \$ _____	Cable: \$ _____	Car Note: \$ _____
Lot Rent: \$ _____	Garbage: \$ _____	Car Insurance: \$ _____
House Note: \$ _____	Medical Insurance: \$ _____	Transportation: \$ _____
House Insurance: \$ _____	Medical Expenses: \$ _____	Food: \$ _____
Gas: \$ _____	Dental Expenses: \$ _____	Barber/Beauty: \$ _____
Electricity: \$ _____	Prescriptions: \$ _____	Entertainment: \$ _____
Water: \$ _____	Life Insurance: \$ _____	Grooming Supplies: \$ _____
Telephone: \$ _____	Daycare: \$ _____	Garnishment: \$ _____
Property Taxes: \$ _____	Child Support: \$ _____	Other: \$ _____
Support for children other than those of this marriage: \$ _____		

Total Amount of section I: \$ _____

(II). Credit cards: (List type of card and monthly payment)

Card Name	Monthly Payment
	\$
	\$
	\$
	\$

Total Amount of section ii: \$ _____

(iii). Financial Loans: (List the financial institution and your monthly payment)

Financial Name	Monthly Payment

Total Amount of Section (III): \$ _____

TOTAL MONTHLY EXPENSES: = Total Monthly Expenses) \$ _____

Does anyone regularly help you pay your expenses? YES NO

(a) If yes, state the person's name and relationship to you.

Name: _____ Relationship: _____

(b) Do you have any additional income or assets that are not shown above?

YES NO

If you answered yes to either (a) or (b) please explain:

10. **If you have an attorney, what arrangements have you made to pay your attorney's fee? What amount, if any, have you paid?**
(You are required to answer fully.)

11. **Has your attorney or the Notary Public told you that you may go to jail if you intentionally give a false answer to any of the above questions?** YES NO

MOVER'S AFFIDAVIT

STATE OF LOUISIANA

PARISH OF IBERVILLE POINTE COUPEE WEST BATON ROUGE

BEFORE ME, the undersigned authority personally came and appeared:

Your Name

who, after being duly sworn, deposed and said:

1. He/She provided the information above; 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 therefore.
2. That the above information is a true and correct statement of his/her financial condition.
3. That the pleading and all allegations of fact therein are true and correct and that because of his/her poverty and want of means, he/she is unable to pay the costs of court in advance or as they accrue, nor is he/she able to provide security therefore.
4. 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 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 therefore, 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's (Your Name) Signature

SWORN TO AND SUBSCRIBED BEFORE ME, a Notary Public in _____, Louisiana this ____ day of _____, 20 ____.

NOTARY PUBLIC

THIRD PARTY AFFIDAVIT

STATE OF LOUISIANA
PARISH OF ____ **IBERVILLE** ____ **POINTE COUPEE** ____ **WEST BATON ROUGE**

BEFORE ME, the undersigned authority, personally came and appeared:

Third Party Witness

who, after being duly sworn, deposed and said that he/she knows _____, well and that he/she knows that because of his/her poverty and want of means, he/she is unable to pay the costs of court in advance or as they accrue, nor is he/she able to provide bond therefore.

Signature of Third Party Witness

SWORN TO AND SUBSCRIBED BEFORE ME, a Notary Public in _____, Louisiana this ____ day of _____, 20 ____.

NOTARY PUBLIC

ORDER

CONSIDERING THE FOREGOING PLEADING AND AFFIDAVITS, let _____ prosecute or defend this litigation in accordance with Louisiana Code of Civil Procedure, Article 5181, et seq., without paying the costs in advance or as they accrue or furnishing security therefore.

THUS READ AND SIGNED, this ____ day of _____, 20 ____, in _____, Louisiana.

DISTRICT JUDGE