

**AAFW**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

**JUSTICE COURT, LAS VEGAS TOWNSHIP  
CLARK COUNTY, NEVADA**

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

- Public Assistance** includes Medicaid, Nevada Check Up, SNAP (food stamp assistance), TANF, Low-income energy assistance, Child Care & Development Fund assistance. Please indicate whether or not you receive one or more of the above listed benefits.
  - Yes I receive one or more of the above listed benefits.
  - No I do not receive any of the above listed benefits
- Household Members:** In my household there are \_\_\_\_\_ adults (over 18) and \_\_\_\_\_ children (under 18) for a total of \_\_\_\_\_ people.
- 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	\$
<b>HOUSEHOLD TOTAL</b>	\$

**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:	\$
<b>TOTAL</b>	\$

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

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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