

PIFP

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Self-Represented

**DISTRICT COURT  
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:

**Public Assistance.** I receive federal and/or state public assistance benefits: ( *check all that you receive*)

- Medicaid / Nevada Check Up
- SNAP (food stamp assistance)
- TANF (temporary assistance for needy families)
- Low-income energy assistance
- Child care subsidy / Child Care & Development Fund assistance
- Public housing
- SSI (supplemental security income)
- Other federal and/or state public assistance: \_\_\_\_\_

*If you checked one of the above, you do not need to fill out the rest of this form. Sign and date page 3.*

- Low income.** My household net income is equal to or below 150% of the federal poverty guidelines. *Fill out the information below.*

In my household there are \_\_\_\_\_ adults (over 18) and \_\_\_\_\_ children (under 18) for a total of \_\_\_\_\_ people.

My monthly income (*all numbers should be after taxes are taken out*):

Employment (include tip/overtime)	\$
Unemployment	\$
Retirement / Pension	\$
Social Security	\$
Child Support	\$
<b>YOUR TOTAL</b>	\$

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

My total income ( <i>your total from above</i> ):	\$
Adult's name:	\$
Adult's name:	\$
Adult's name:	\$
Adult's name:	\$
<b>HOUSEHOLD TOTAL</b>	\$

- My basic expenses are more than my income.** *Fill out the charts below.*

My monthly income:

Employment (include tip/overtime)	\$
Unemployment	\$
Retirement / Pension	\$
Social Security	\$
Child Support	\$
<b>TOTAL</b>	\$

My basic monthly expenses:

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)	\$
<b>TOTAL</b>	\$

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

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I understand that if approved, the order allowing me to proceed in forma pauperis will be valid for one year. I will have to file a new application to proceed in forma pauperis if I need filing fees and court costs waived after one year.

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

DATED \_\_\_\_\_, 20\_\_.

Submitted By: (*Signature*) ▶ \_\_\_\_\_

Printed Name: \_\_\_\_\_

OIFP

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Self-Represented

**DISTRICT COURT  
CLARK COUNTY, NEVADA**

\_\_\_\_\_  
Plaintiff,

vs.

\_\_\_\_\_  
Defendant.

CASE NO.: \_\_\_\_\_

DEPT: \_\_\_\_\_

**Order to Proceed in Forma Pauperis**

Upon consideration of the movant's Application to Proceed in Forma Pauperis, the Court finds that the movant may proceed as an indigent litigant.

**IT IS HEREBY ORDERED** that (*name*) \_\_\_\_\_ shall be permitted to proceed in forma pauperis with this action pursuant to the terms of this Order.

**IT IS FURTHER ORDERED** that if the above-named party prevails in this action, the Court shall enter an order pursuant to NRS 12.015 requiring the opposing party to pay the Court, within five (5) days, the costs which would have been incurred by the prevailing party, and those costs must then be paid as provided by law.

**IT IS FURTHER ORDERED** that the above-named party shall be permitted to commence or defend the action without costs. The Clerk of Court shall file or issue any necessary writ, process, pleading, or paper without charge.

**IT IS FURTHER ORDERED** that the Sheriff or other appropriate officer within this State shall make personal service of any necessary writ, pleading, or paper without charge.

**IT IS FURTHER ORDERED** that this Order shall not apply to costs for transcripts or recordings of court proceedings. A separate application and order shall be required to waive any such fees.

**IT IS FURTHER ORDERED** that this Order shall expire one year from the date the Order is filed. The party shall be required to reapply for any further waiver after this Order expires.

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JUDGE

Respectfully Submitted:

(Signature) \_\_\_\_\_

(Printed Name) \_\_\_\_\_