

1 **IN THE JUSTICE COURT OF CARSON TOWNSHIP**
2 **IN AND FOR CARSON CITY, STATE OF NEVADA**
3
4

5 _____ Case No.:

6 **MOTION, AFFIDAVIT, AND ORDER TO**
7 **PROCEED IN FORMA PAUPERIS**

8 (Address)

9 Plaintiff, Landlord,

10 vs.

11 _____
12 (Address)

13 Defendant/Tenant.
14 _____/

15 **MOTION**

16 Based on the following affidavit, (Your name) _____

17 requests this Court for permission to file a:

18 Lawsuit or Eviction Notice

19 Defense to Lawsuit or Eviction Notice

20 Other _____

21 without paying court costs or sheriff/constable fees and alleges that he/she had a meritorious
22 claim or defense, yet lacks sufficient financial ability to pay the costs to proceed.
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1 **IN THE JUSTICE COURT OF CARSON TOWNSHIP**
2 **IN AND FOR CARSON CITY, STATE OF NEVADA**

4 Case No. _____

5 **AFFIDAVIT**

6 STATE OF NEVADA)

7 : ss.

8 COUNTY OF _____)

9 I, _____, declare under penalty of perjury that the statements of
10 this affidavit are true and that the responses I have made to the questions regarding my ability to
11 pay are true:

- 11 1. I am the Plaintiff Defendant Landlord Tenant.
- 12 2. I wish to file with the Court a: Lawsuit or Eviction Notice
13 Defense to Lawsuit or Eviction Notice
14 Other _____
- 15 3. I believe in good faith that I have a valid claim or meritorious defense, namely:
16 (State briefly your claim or defense and/or attach the document you wish to file if
17 this motion is granted.) _____

- 18 4. I cannot pay the costs of this action, as I lack sufficient income, assets or other
19 resources.
- 20 5. There are _____ persons in my household, including myself. (List any
21 household members who are dependent on you for support, state their ages and
22 relationships to you.) _____
23 _____
24 _____
- 25 6. My total household monthly income is \$ _____ and is derived
from the following sources:

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WAGES: \$ _____

WAGES OF EMPLOYED
HOUSEHOLD MEMBER: \$ _____

ADC: \$ _____

GENERAL ASSISTANCE: \$ _____

SOCIAL SECURITY: \$ _____

RETIREMENT BENEFITS: \$ _____

CHILD SUPPORT: \$ _____

UNEMPLOYMENT BENEFITS: \$ _____

WORKER'S COMPENSATION: \$ _____

RENTAL INCOME: \$ _____

OTHER INCOME/BENEFITS: _____ \$ _____

_____ \$ _____

7. The following represents a complete list of my assets and their value. (If you do not own the described items write "none." Do not include clothing and ordinary household furnishings. If you have loans on any of the items, note the purchase price and loan balance.)

	<u>VALUE</u>	<u>PURCHASE PRICE</u>	<u>LOAN BALANCE</u>
CAR:	\$ _____	\$ _____	\$ _____
SECOND CAR:	\$ _____	\$ _____	\$ _____
MOBILE HOME, HOUSE, OR OTHER REAL ESTATE:	\$ _____	\$ _____	\$ _____
BANK ACCOUNTS:	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
OTHER: _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____

8. My Total household monthly expenses are:

RENT: \$ _____

UTILITIES: \$ _____

FOOD: \$ _____
 CHILD CARE: \$ _____
 INSURANCE: \$ _____
 MEDICAL: \$ _____
 OTHER: _____ \$ _____
TOTAL MONTHLY EXPENSES \$ _____

I desire to have a hearing before the Court in this matter.

Dated this _____ day of _____, 20_____.

 Signature

 Address

SUBSCRIBED and SWORN to me before
 this _____ day of _____, 20_____.

BY: _____
 COURT CLERK

ORDER

MOTION GRANTED. The Clerk of the Court shall allow
 _____ to commence or defend such action without cost
 and to file or issue any necessary writ, process, pleading or paper without charge. This
 Order shall expire six months from the date below.

IT IS FURTHER ORDERED that the Sheriff or any other appropriate public
 officer within the State make personal service of any necessary writ, process, pleading or
 paper without charge for _____.

MOTION DENIED.
 Date this _____ day of _____, 20_____.

 Justice of the Peace