

<p>UNITED STATES DISTRICT COURT for the Southern District of Indiana</p>			
)		
<i>Plaintiff/Petitioner</i>)		
v.	)	Civil Action No.	
)		
<i>Defendant/Respondent</i>)		
<p>APPLICATION TO PROCEED WITHOUT PREPAYING FEES OR COSTS ON APPEAL</p>			

Affidavit in Support of Motion

Instructions

I swear or affirm under penalty of perjury that, because of my poverty, I cannot prepay the docket fees of my appeal or post a bond for them. I believe I am entitled to redress. I swear or affirm under penalty of perjury under United States laws that my answers on this form are true and correct. (28 U.S.C. § 1746; 18 U.S.C. § 1621.)

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, your case’s docket number, and the question number.

Signed: Date:

My issues on appeal are:

1. 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, biweekly, quarterly, semiannually, 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	\$ _____	\$ _____	\$ _____	\$ _____

Application to Proceed Without Prepaying Fees or Costs on Appeal (Modified by INSD 7/12 from FRAP Form 4 - Affidavit Accompanying Motion for Permission to Appeal)

Self-employment	\$ _____	\$ _____	\$ _____	\$ _____
Income from real property (such as rental income)	\$ _____	\$ _____	\$ _____	\$ _____
Interest and dividends	\$ _____	\$ _____	\$ _____	\$ _____
Gifts	\$ _____	\$ _____	\$ _____	\$ _____
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:	\$ _____	\$ _____	\$ _____	\$ _____

2. List your employment history, most recent employer first. (Gross monthly pay is before taxes or other deductions.)

Employer	Address	Dates of employment	Gross monthly pay
.....
.....
.....

3. List your spouse's employment history, most recent employer first. (Gross monthly pay is before taxes or other deductions.)

Employer	Address	Dates of employment	Gross monthly pay
----------	---------	---------------------	-------------------

Application to Proceed Without Prepaying Fees or Costs on Appeal (Modified by INSD 7/12 from FRAP Form 4 - Affidavit Accompanying Motion for Permission to Appeal)

.....

4. How much cash do you and your spouse have? \$_____

Below, state any money you or your spouse have in bank accounts or in any other financial institution.

Financial institution	Type of account	Amount you have	Amount your spouse has
.....	\$.....	\$.....
.....	\$.....	\$.....
.....	\$.....	\$.....

If you are a prisoner, you must attach a statement certified by the appropriate institutional officer showing all receipts, expenditures, and balances during the last six months in your institutional accounts. If you have multiple accounts, perhaps because you have been in multiple institutions, attach one certified statement of each account.

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

Home	(Value)	Other real estate	(Value)	Motor vehicle #1	(Value)
.....
.....	.....	.....	.....	Make & year:	.....
.....	.....	.....	.....	Model:	.....
.....	.....	.....	.....	Registration #:	.....
Motor vehicle #2	(Value)	Other assets	(Value)	Other assets	(Value)

Make & year:

Application to Proceed Without Prepaying Fees or Costs on Appeal (Modified by INSD 7/12 from FRAP Form 4 - Affidavit Accompanying Motion for Permission to Appeal)

Model:

Registration #:

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

Person owing you or your spouse money	Amount owed to you	Amount owed to your spouse
.....
.....
.....

7. State the persons who rely on you or your spouse for support.

Name [or, if under 18, initials only]	Relationship	Age
.....	_____
.....	_____
.....	_____

8. Estimate the average monthly expenses of you and your family. Show separately the amounts paid by your spouse. Adjust any payments that are made weekly, biweekly, quarterly, semiannually, or annually to show the monthly rate.

	You	Your Spouse
Rent or home-mortgage payment (include lot rented for mobile home)	\$_____	\$_____

Are real-estate taxes included? Yes No

Is property insurance included? Yes No

Application to Proceed Without Prepaying Fees or Costs on Appeal (Modified by INSD 7/12 from FRAP Form 4 - Affidavit Accompanying Motion for Permission to Appeal)

Utilities (electricity, heating fuel, water, sewer, and 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.	\$ _____	\$ _____
Insurance (not deducted from wages or included in Mortgage payments)	\$ _____	\$ _____
Homeowner's or renter's	\$ _____	\$ _____
Life	\$ _____	\$ _____
Health	\$ _____	\$ _____
Motor Vehicle	\$ _____	\$ _____
Other:	\$ _____	\$ _____
Taxes (not deducted from wages or included in Mortgage payments) (specify):	\$ _____	\$ _____
Installment payments	\$ _____	\$ _____
Motor Vehicle	\$ _____	\$ _____
Credit card (name):	\$ _____	\$ _____
Department store (name):	\$ _____	\$ _____
Other:	\$ _____	\$ _____
Alimony, maintenance, and support paid to others	\$ _____	\$ _____
Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$ _____	\$ _____

Application to Proceed Without Prepaying Fees or Costs on Appeal (Modified by INSD 7/12 from FRAP Form 4 - Affidavit Accompanying Motion for Permission to Appeal)

Other (specify): \$_____ \$_____

Total monthly expenses: \$_____ \$_____

9. Do you expect any major changes to your monthly income or expenses or in your assets or liabilities during the next 12 months?

Yes No If yes, describe on an attached sheet.

10. 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:

.....
.....
.....

11. Have you paid--or will you be paying--anyone other than an attorney (such as a paralegal or a typist) 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 person's name, address, and telephone number:

.....
.....
.....

12. Provide any other information that will help explain why you cannot pay the docket fees for your appeal.

**Application to Proceed Without Prepaying Fees or Costs on Appeal (Modified by INSD 7/12 from FRAP Form 4
- Affidavit Accompanying Motion for Permission to Appeal)**

13. State the city and state of your legal residence.

.....
.....

Your daytime phone number: (____) _____

Your age: _____ Your years of schooling: _____

Last four digits of your social-security number: _____