

CIVIL DISTRICT COURT FOR THE PARISH OF ORLEANS

FIRST CITY COURT FOR THE PARISH OF ORLEANS

SECOND CITY COURT FOR THE PARISH OF ORLEANS

STATE OF LOUISIANA

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

SECTION \_\_\_\_\_

DIVISION \_\_\_\_\_

\_\_\_\_\_

versus

\_\_\_\_\_

Date this form is completed: \_\_\_\_\_

**FORMA PAUPERIS APPLICATION**

**NOTICE**

**The granting of this application only suspends payment of fees and costs as they become due. All costs and fees are due immediately upon the conclusion of the case. Failure to pay fees and costs may result in collection proceedings. If more than one person is seeking pauper status, each person must complete a separate Forma Pauperis Application.**

**ALL QUESTIONS MUST BE ANSWERED IN FULL.**

**NOTE: Question 2 should not be completed if you are seeking protection from abuse.**

I request a court order so that I do not have to pay court costs and fees in advance or as they accrue.

**PART I:**

1. My name is: \_\_\_\_\_  

First	Middle	Last
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2. My address and telephone number is:  
 Street Address: \_\_\_\_\_ Apt. No. \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 City, State, Zip Code: \_\_\_\_\_  
 Telephone number: \_\_\_\_\_
3. My date of birth is: \_\_\_\_\_
4. My marital status is: (check one)     married     single     widowed  
     separated     divorced     living with another who shares expenses
5. My occupation, employer and employer's address is (if more than one, list all):  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**PART II:**

6.      I am not able to pay any of the court costs or fees in advance or as they become due.
7. I am receiving financial assistance under one or more of the following programs:
  - (a)  SSI or SSP (Supplemental Security Income or State Supplemental Payments Program)
  - (b)  AFDC or TANF (Aid to Families with Dependent Children Program or Temporary Aid to Needy Families)
  - (c)  Food Stamps (The Food Stamp Program)
  - (d)  City or Parish Relief, General Relief or General Assistance
8. (a) If you checked a box in item No. 7, you must attach documents verifying receipt of the benefit(s) checked.
- (b) If you checked a box in item No. 7, sign on the line below; only complete the two affidavits on pages 3 and 4; and, sign at the bottom of page 4.

\_\_\_\_\_  
MOVER'S SIGNATURE

**PART III:**

**FINANCIAL INFORMATION**

9.  My pay changes considerably from month to month. (If you checked this box, each number reported in item No. 10 should be your monthly average for the past 12 months).

10. My monthly income:

(a) **MY GROSS MONTHLY PAY IS:** \$ \_\_\_\_\_ (e) **MY TOTAL MONTHLY INCOME IS:** (c) plus (d):  
\$ \_\_\_\_\_

(b) My payroll deductions are: (list each deduction and amount) (f) The number of dependents, including myself, supported by this money is: \_\_\_\_\_

(1) \_\_\_\_\_ \$ \_\_\_\_\_ (g) My spouse's occupation and employer is:  
(2) \_\_\_\_\_ \$ \_\_\_\_\_  
(3) \_\_\_\_\_ \$ \_\_\_\_\_  
(4) \_\_\_\_\_ \$ \_\_\_\_\_

**MY TOTAL PAYROLL DEDUCTION AMOUNT IS:** \$ \_\_\_\_\_ (h) **MY SPOUSE'S GROSS MONTHLY INCOME IS:**  
\$ \_\_\_\_\_

(c) **MY MONTHLY TAKE-HOME PAY IS:**  
(a) minus (b): \$ \_\_\_\_\_

(d) Other money I receive each month (Examples: workers' compensation, interest, dividends, rent, spousal support, child support, Social Security, and retirement):  
(1) \_\_\_\_\_ \$ \_\_\_\_\_  
(2) \_\_\_\_\_ \$ \_\_\_\_\_

**NOTICE:** If you answered item No. 9 and/or No. 10, attach a copy of your most recent paycheck or paystub, and, if applicable, that of your spouse.

11.  I am represented in this case by a volunteer attorney (Examples: SLLS, Legal Aid, Pro Bono Project, Law School Clinic).

12.  **MY MONTHLY EXPENSES ARE:**

(a) Rent or house payments & maintenance \$ \_\_\_\_\_ (l) Amounts deducted due to garnishments, wage assignments and earnings withholding orders: \$ \_\_\_\_\_

(b) Food & Household supplies \$ \_\_\_\_\_ (m) Other expenses (specify):

(c) Utilities & telephone: \$ \_\_\_\_\_ (1) \_\_\_\_\_ \$ \_\_\_\_\_

(d) Clothing: \$ \_\_\_\_\_ (2) \_\_\_\_\_ \$ \_\_\_\_\_

(e) Laundry: \$ \_\_\_\_\_ (3) \_\_\_\_\_ \$ \_\_\_\_\_

(f) Medical expenses: \$ \_\_\_\_\_ (4) \_\_\_\_\_ \$ \_\_\_\_\_

(g) Insurance (life, health, accident, etc.): \$ \_\_\_\_\_ (5) \_\_\_\_\_ \$ \_\_\_\_\_

(h) School & child care: \$ \_\_\_\_\_ (6) \_\_\_\_\_ \$ \_\_\_\_\_

(i) Child & Spousal support: \$ \_\_\_\_\_

(j) Transportation and/or auto expenses (insurance, gas, repair): \$ \_\_\_\_\_

(k) Installment payments (state purpose & amount):  
(1) \_\_\_\_\_ \$ \_\_\_\_\_  
(2) \_\_\_\_\_ \$ \_\_\_\_\_  
(3) \_\_\_\_\_ \$ \_\_\_\_\_

The TOTAL amount of other monthly installment payments is:  
\$ \_\_\_\_\_

The TOTAL amount of other monthly expenses is \$ \_\_\_\_\_

(n) **MY TOTAL MONTHLY EXPENSES ARE :**  
[add (a) through (m)]  
\$ \_\_\_\_\_

\_\_\_\_\_  
MOVER'S SIGNATURE

13. I own or have an interest in the following property:

(a) Cash: \$ \_\_\_\_\_

(d) Real estate (list address, estimated fair market value and equity of each property):

(b) Checking or savings accounts at any financial institution:

(1) \_\_\_\_\_ \$ \_\_\_\_\_  
(2) \_\_\_\_\_ \$ \_\_\_\_\_  
(3) \_\_\_\_\_ \$ \_\_\_\_\_

(1) \_\_\_\_\_ \$ \_\_\_\_\_  
(2) \_\_\_\_\_ \$ \_\_\_\_\_  
(3) \_\_\_\_\_ \$ \_\_\_\_\_

(c) Cars, other vehicles and boat (list make and year of each) and estimated value:

(1) \_\_\_\_\_ \$ \_\_\_\_\_  
(2) \_\_\_\_\_ \$ \_\_\_\_\_  
(3) \_\_\_\_\_ \$ \_\_\_\_\_

(e) Other property such as jewelry, furniture, furs, art, stocks, bonds, certificates of deposit, coin or stamp collections, U.S. Savings Bonds, annuities, IRAs, etc.:  
\$ \_\_\_\_\_

14.  I have an interest in an estate or succession which may be or is opened and/or an interest in other civil litigation. (State the name of the case, court where case is filed, and case number of all such matters):

\_\_\_\_\_  
\_\_\_\_\_

15.  Other facts which support this application (describe unusual medicals, needs, expenses for recent family emergencies or other unusual expenses to help the Court understand your budget. If more space is needed, attach a separate page labeled Attachment 15):

\_\_\_\_\_  
\_\_\_\_\_

**NOTICE:** You must immediately tell the Court if you become able to pay court costs or fees in advance or as they become due during this action. You may be ordered to appear in court and answer questions about your ability to pay court costs and fees.

\_\_\_\_\_  
MOVER'S SIGNATURE

**STATEMENT OF ATTORNEY**

I, the undersigned attorney, duly admitted to practice in the State of Louisiana, do hereby declare and affirm that I have carefully reviewed the above and foregoing statement of my client and approve the client having submitted same.

\_\_\_\_\_  
ATTORNEY'S SIGNATURE

\_\_\_\_\_  
PRINT NAME  
BAR NUMBER: \_\_\_\_\_  
TEL. NO.: \_\_\_\_\_

**AFFIDAVIT OF MOVER**

STATE OF LOUISIANA

PARISH OF \_\_\_\_\_

BEFORE ME, the undersigned authority, personally came and appeared, \_\_\_\_\_

\_\_\_\_\_, who, after being duly sworn, deposed and said that (he) (she) is the person who furnished the information contained in the above application; that (he) (she) has signed same; that the information contained herein is true and correct; that this information is being furnished to the Orleans Parish Civil District Court, First City Court and/or Second City Court for the purpose of obtaining an order to proceed in the above captioned lawsuit pursuant to La. C.C.P. Arts. 5181 et seq., and mover is prepared to appear in Court to give any information which may be desired in addition to the above. Mover further understands that the answers herein are continuous and if Mover ever acquires any assets described herein Mover will make that fact known prior to trial of this matter. Mover agrees to be further interrogated at any stage of these proceedings to inquire into Mover's financial condition. Mover knows it is a crime to intentionally swear to a known false answer.

SWORN TO AND SUBSCRIBED BEFORE ME,

THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
MOVER'S SIGNATURE

\_\_\_\_\_  
NOTARY PUBLIC  
PRINT NAME: \_\_\_\_\_  
NOTARY/BAR NO.: \_\_\_\_\_

**(Mover or mover's lawyer must also read the Procedures section on page 4 and sign at the end of that section)**

**AFFIDAVIT OF PERSON SUPPORTING MOVER'S PAUPER STATUS**

The "supporting affidavit" required to be submitted herein must be that of a "pecuniarily disinterested" person. This precludes the participation of the attorney, and ordinarily precludes any member of the attorney's staff, or the spouse or minor child of the indigent declarant. An appropriate reprimand for improper use of this procedure may result in monetary sanctions.

STATE OF LOUISIANA

PARISH OF \_\_\_\_\_

BEFORE ME, the undersigned authority, personally came and appeared, \_\_\_\_\_,  
Who, being duly sworn, deposed and said: That (he) (she) knows \_\_\_\_\_,  
who is the mover in the above captioned matter, and knows (his) (her) financial condition because:

\_\_\_\_\_  
(Basis of knowledge stated in detail)

SWORN TO AND SUBSCRIBED BEFORE ME,

I HAVE READ THE ABOVE AFFIDAVIT

this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
AFFIANT'S SIGNATURE

NOTARY PUBLIC

PRINT NAME: \_\_\_\_\_

NOTARY/BAR NO.: \_\_\_\_\_

**ORDER**

The foregoing motion, supporting affidavits and sworn facts considered, let Mover, \_\_\_\_\_,  
\_\_\_\_\_ be permitted to file all pleadings, appeal in, and prosecute or defend in this action without prior payment of costs or as they accrue, and without giving bond for costs, as provided by the laws of the State of Louisiana and particularly Louisiana Code of Civil Procedure Article 5181 et seq., as amended, pending further orders of this court.

New Orleans, Louisiana this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
JUDGE

**PROCEDURES IN FORMA PAUPERIS**

- Section 1.* Before any judicial proceedings are permitted to be prosecuted or defended pursuant to Louisiana Code of Civil Procedure, Articles 5181, et seq. (Waiver of Costs for Indigent Party), the applicant and the affiant attesting to the applicant's inability to pay the costs of court, may be required to appear before the Judge assigned the case so that the Court may properly comply with C.C.P. art. 5183(2) by inquiring into the facts and satisfying itself that the applicant is entitled to the privilege.
- Section 2.* Should counsel for any litigant who has been permitted to prosecute or defend in forma pauperis desire to take action in the cause which would increase the expense over and above those normally attendant to trial and appeal, such as, but not limited to, the taking of depositions to be used in lieu of a witness's testimony or otherwise, counsel shall first present to the judge presiding over the Division/Section to which the case was allotted, a motion which shall be tried contradictorily with the adverse party(ies) to the end that the actual necessity for same may be determined. The purpose of this section is to minimize the cost to the public or to the party who may ultimately be cast for costs, but without, in any way, prejudicing such litigant's cause or rights accorded the litigant by Louisiana Code of Civil Procedure, Article 5181, et seq. If the purpose of the motion is to secure court reporting services outside the courtroom, the Court, in its discretion, may furnish same.
- Section 3.* In the event a judicial proceeding is filed and sought to be prosecuted in forma pauperis and the Court refuses to permit the applicant to so proceed, the Court shall order that the applicant be allowed fifteen (15) days within which to advance the necessary costs and in default of same may dismiss, without prejudice, the proceeding. In the further event that an applicant does not, within fifteen (15) days from date of denial, seek a hearing thereof, the proceeding may be dismissed without prejudice upon ex parte motion of any party at interest.
- Section 4.* Any part or all of these procedures may be waived by the Court when the applicant is in the custody of the Department of Corrections or is otherwise incarcerated. Such other or additional requirements for proceeding in forma pauperis may be imposed as are deemed appropriate and in accordance with the law.
- Section 5.* This form shall be used in all pauper proceedings filed after January 1, 2015.

**I certify that I have read the foregoing procedures, Section 1 through 5.**

\_\_\_\_\_  
SIGNATURE OF MOVER OR MOVER'S LAWYER