## UNITED STATES DISTRICT COURT EASTERN DISTRICT OF TENNESSEE

v.	, )	
		, declare that I am the:
[]	plaintiff/petitioner	
[]	defendant/respondent	
[]	Other:	

in the above-reverenced proceeding. In support of my request to proceed without being required to prepay fees or give security therefor, I state that because of my poverty, I am unable to pay the fees for this action or give security therefor. I believe that I am entitled to the relief sought in my complaint/petition/answer/response. The nature of my action, defense, or other proceeding or the issues I intend to present are briefly stated as follows:

In further support of this application, I answer the following questions:

PERSONAL INFORMATION, EMPLOYMENT AND INCOME DATA			
NAME (First	Middle	Last)	YEAR OF BIRTH
SOCIAL SECUR	ITY NUMBER	(last 4 digits only)	PHONE NOS.
HOME ADDRES	S:		
OWN OR RENT	)	HOW I	LONG AT CURRENT ADDRESS?
MARITAL STAT	TUS:		
NAME AND AD	DRESS OF CU	RRENT EMPLOY	ER:
TELEPHONE NU	JMBER OF EM	IPLOYER:	
HOW LONG AT	CURRENT EM	IPLOYMENT?	
OCCUPATION (	Describe what y	vou do):	
IF EMPLOYED, AND WAGES PE		THE GROSS ANI	O NET AMOUNTS OF YOUR SALARY
GROSS:			NET:
IF NOT CURRENTEMPLOYMENT:		YED, GIVE MONT	TH AND YEAR OF LAST
HOW MUCH DII	D YOU EARN I	PER MONTH AT	YOUR LAST EMPLOYMENT:

# HAVE YOU RECEIVED ANY MONEY FROM ANY OF THE FOLLOWING SOURCES WITHIN THE PAST TWELVE MONTHS?

Business, professional or other form of self-employment?	[] Yes	[ ] No	
If YES, state the source and amount:			
Rent payments, interest, or dividends?	[] Yes	[ ] No	
If YES, state the source and amount:			
Pensions, annuities, or life insurance payments?	[] Yes	[ ] No	
If YES, state the source and amount:			
Gifts or inheritance?	[] Yes	[ ] No	
If YES, state the source and amount:			
Any other source?	[] Yes	[ ] No	
If YES, state the source and amount:			

ASSETS:		
LIST ANY OF THE FOLLOWING ASSETS THAT YO	OU OWN AND THE TOTAL VALUE	Ξ
CASH	\$	
CHECKING ACCOUNTS TOTAL BALANCE (List Ba (Do NOT include account numbers)	anks Below) \$	
SAVINGS ACCOUNTS-TOTAL BALANCE (List Bank (Do NOT include account numbers)	ks Below) \$	
STOCKS AND BONDS	\$	
REAL ESTATE-CURRENT FAIR MARKET VALUE (List Locations Below)		
	\$	
	\$	
	\$	
TOTAL REAL ESTATE	\$	

VALUE OF PER			
		\$	-
			-
		\$	-
	\$		
MOTOR VEHIC	CLES		
Year/Make	License No.	Current Value	
			-
		\$	-
		\$	-
	TOTAL VALUE	E OF MOTOR VEHICLES	\$
DEBTS OWED	TOTAL VALUE		\$
		or)	
	TO YOU (Give Name of Debto	or) \$	
	TO YOU (Give Name of Debto	or) _	-
	TO YOU (Give Name of Debto	or)\$	-
	TO YOU (Give Name of Debto	sss	-
	TO YOU (Give Name of Debto	sss	-
	TO YOU (Give Name of Debto	or)  _	-
	TO YOU (Give Name of Debto	or)  _	- - - \$

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LIABILITIES				
(DO NOT INCLUDE ACCOUNT NUMBERS)				
NOTES (LOANS) PAYABLE TO BANKS (List bank name and amount of loan only)				
TOTAL LOANS PAYABLE TO BANKS	\$			
NOTES (LOANS PAYABLE TO OTHERS)	\$			
MORTGAGES PAYABLE ON REAL ESTATE	\$			
CREDIT CARDS AND ACCOUNTS PAYABLE TO CREDITORS	\$			
MEDICAL BILLS	\$			
TAXES AND ASSESSMENTS PAYABLE	\$			
OTHER LIABILITIES (Itemize)				
	\$			
	\$			
	\$			
TOTAL LIABILITIES \$	•			

### LIVING EXPENSES

	<b>Monthly Payment</b>	<b>Balance Owing</b>
[ ] RENT or [ ]MORTGAGE PAYMENT (check one)	\$	
ELECTRICITY	\$	\$
WATER	\$	\$
GAS	\$	\$
TELEPHONE	\$	\$
FOOD	\$	\$
ALIMONY	\$	\$
CHILD SUPPORT	\$	\$
CHILD CARE	\$	\$
SCHOOL EXPENSES	\$	\$
AUTOMOBILE NOTE	\$	\$
AUTOMOBILE INSURANCE	\$	\$
AUTOMOBILE REPAIRS	\$	\$
GASOLINE	\$	\$
FURNITURE NOTE	\$	\$
CLOTHING	\$	\$
CABLE TELEVISION	\$	\$
LIFE INSURANCE	\$	\$
HOSPITALIZATION INSURANCE	\$	\$
DOCTORS	\$	\$
DRUGS	\$	\$
CREDIT CARDS	\$	\$
OTHER CHARGE ACCOUNTS OR CREDITORS	\$	\$
TAXES	\$	\$
ANY OTHER EXPENSES (LIST)		
	\$	\$
	\$	\$
	\$	\$
	\$	\$
TOTAL EXI		\$

SPOUSES' PERSONAL INFORMATION; EMPLOYMENT AND INCOME DATA				
NAME (First	Middle I	Last)		YEAR OF BIRTH
SOCIAL SEC	CURITY NUMBER (last	4 digits only)		PHONE NOS.
HOME ADD	RESS (if different from y	ours):		
OWN OR RE	ENT?	HOW LON	IG AT CURRENT	ADDRESS?
NAME AND	ADDRESS OF CURRE	NT EMPLOYER:		
TELEDIJONI	E NUMBER OF EMPLO	VED.		
TELEPHONI	E NUMBER OF EMPLO	IEK.		
HOWLONG	AT CURRENT EMPLO	AND TENTED		
HOW LONG	AT CURRENT EMPLO	YMEN1?		
OCCUPATION (Describe what your spouse does):				
SPOUSE'S C	CURRENT MONTHLY I	NCOME:		
	Salary or Wages	\$		
	Commissions	¢		
	Commissions	\$		
	All other sources (Pension			
	Rent; Interest; Dividends; A	limony, etc.) \$	_	
	TOTAL	•	<b>\$</b>	
	IUIAL	4•	Φ	

# NAME OF DEPENDENTS AND INCOME (If any) (For Minor Children, only provide first initials) Names: Age: Relationship: Living With Whom? TOTAL MONTHLY INCOME OF DEPENDENTS INCLUDING CHILD SUPPORT PAYMENTS (exclude spouse) \$ TOTAL MONTHLY INCOME OF APPLICANT, SPOUSE, AND DEPENDENTS \$

### **AFFIDAVIT**

I hereby certify that the above statement is true and that it is a complete statement of all my income and assets, real and personal, whether held in my name or by any other, under penalty of perjury.

DATE SIGNATURE

Created: January 31, 2007

IPF Application.wpd