

**UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF TENNESSEE**

v.)
)
) NO. _____
) (To be assigned by the Clerk's Office.
) Do not write in this blank.)

**APPLICATION TO PROCEED IN FORMA PAUPERIS
WITH SUPPORTING DOCUMENTATION**

I, _____, 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 SECURITY NUMBER (last 4 digits only) PHONE NOS.

HOME ADDRESS:

OWN OR RENT? HOW LONG AT CURRENT ADDRESS?

MARITAL STATUS:

NAME AND ADDRESS OF CURRENT EMPLOYER:

TELEPHONE NUMBER OF EMPLOYER:

HOW LONG AT CURRENT EMPLOYMENT?

OCCUPATION (Describe what you do):

IF EMPLOYED, STATE BOTH THE GROSS AND NET AMOUNTS OF YOUR SALARY AND WAGES PER MONTH.

GROSS:

NET:

IF NOT CURRENTLY EMPLOYED, GIVE MONTH AND YEAR OF LAST EMPLOYMENT:

HOW MUCH DID YOU EARN 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 YOU OWN AND THE TOTAL VALUE

CASH \$

CHECKING ACCOUNTS TOTAL BALANCE (List Banks Below) \$
(Do NOT include account numbers)

SAVINGS ACCOUNTS–TOTAL BALANCE (List Banks Below) \$
(Do NOT include account numbers)

STOCKS AND BONDS \$

REAL ESTATE–CURRENT FAIR MARKET VALUE
(List Locations Below)

_____ \$ _____

_____ \$ _____

_____ \$ _____

TOTAL REAL ESTATE \$

VALUE OF PERSONAL PROPERTY, EXCLUDING VEHICLES (Itemize)

_____ \$ _____
_____ \$ _____
_____ \$ _____

TOTAL PERSONAL PROPERTY \$ _____

MOTOR VEHICLES

Year/Make	License No.	Current Value
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

TOTAL VALUE OF MOTOR VEHICLES \$ _____

DEBTS OWED TO YOU (Give Name of Debtor)

_____ \$ _____
_____ \$ _____
_____ \$ _____

TOTAL DEBTS OWED TO YOU \$ _____

OTHER ASSETS (ITEMIZE)

_____ \$ _____
_____ \$ _____
_____ \$ _____

TOTAL OTHER ASSETS \$ _____

TOTAL OF ALL ASSETS: \$ _____

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

	Monthly Payment	Balance Owing
[] 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 EXPENSES		\$ _____

NAME OF DEPENDENTS AND INCOME (If any)
(For Minor Children, only provide first initials)

Names:	Age:	Relationship:	Living With Whom?
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**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