

**IN THE JUSTICE COURT OF VIRGINIA TOWNSHIP  
IN AND FOR THE COUNTY OF STOREY, STATE OF NEVADA**

<i>Name of Plaintiff(s)/Landlord</i>
Versus
<i>Name of Defendant(s)/Tenant(s)</i>

Case No. \_\_\_\_\_

**APPLICATION TO PROCEED  
IN FORMA PAUPERIS**

\_\_\_\_\_  
*Applicant's Name*

\_\_\_\_\_  
*Applicant's Street Address*

\_\_\_\_\_  
*Applicant's City, State, and Zip Code*

\_\_\_\_\_  
*Required – Applicant's phone number/contact number*

**EACH LINE ON THIS FORM MUST BE COMPLETED. IF A PARTICULAR ITEM DOES NOT APPLY, WRITE "0" OR "N/A."  
Failure to mark each box will result in the form being returned "not accepted."**

COMES NOW, the undersigned, in Proper Person, and requests pursuant to NRS 65.040 and NRS 12.015 to be permitted to proceed without paying costs or fees in this action as I am unable to prosecute or defend the action because I am unable to pay the costs of so doing;

1. Including myself, there are \_\_\_\_\_ adults and \_\_\_\_\_ children in my household.

2. My monthly income, after taxes, is as follows:

- |  |                 |
|--|-----------------|
| a. <u>Monthly income from employment</u>   | \$ _____        |
| b. <u>Monthly income from social security</u>  | \$ _____        |
| <u>unemployment benefits, workers' compensation, child support, welfare, social services, etc.</u> | \$ _____        |
| c. <u>Monthly income from any other household member</u>   | \$ _____        |
| d. <u>Other income: (explain)</u>  | \$ _____        |
| <b><u>TOTAL MONTHLY INCOME</u></b>   | <b>\$ _____</b> |

3. My monthly expenses are as follows:

- |  |                 |
|--|-----------------|
| a. <u>Rent/mortgage</u>  | \$ _____        |
| b. <u>Phone, gas, electricity and other utilities</u>          | \$ _____        |
| c. <u>Food</u>   | \$ _____        |
| d. <u>Child care and/or child support paid to someone else</u> | \$ _____        |
| e. <u>Insurance</u>  | \$ _____        |
| f. <u>Medical</u>  | \$ _____        |
| g. <u>Transportation</u>                                       | \$ _____        |
| h. <u>Other expenses (explain):</u>                            | \$ _____        |
| <b><u>TOTAL MONTHLY EXPENSES</u></b>                           | <b>\$ _____</b> |

4. My assets are as follows:

- a. Automobile \_\_\_\_\_ \$ \_\_\_\_\_  
(year, make, and model)
- b. Home, mobile home, or other real estate: \_\_\_\_\_ \$ \_\_\_\_\_  
(size, type and year of home)
- c. Bank accounts: \_\_\_\_\_ \$ \_\_\_\_\_  
(name of bank and account type)

**You must answer each question below by marking either "yes" or "no".  
 Failure to mark each box will result in the form being not accepted.**

- 5. Do you receive "public assistance"?  Yes  No
- 6. Do you receive any of the following?
  - a. State Supplemental Insurance  Yes  No
  - b. Temporary Assistance for Needy Families  Yes  No
  - c. Medicaid  Yes  No
  - d. Food Stamp Assistance  Yes  No
  - e. Low-Income Home Energy Assistance  Yes  No
  - f. Benefits provided pursuant to any public welfare Program administered by the Division of Health Care  Yes  No
- 7. Do you reside in "public housing"?  Yes  No
- 8. Are you currently incarcerated in a jail or prison facility?  Yes  No

**The undersigned hereby requests and directs the Application to Proceed IN *FORMA PAUPERIS*:**

Signature		Dated
Print Name		<b>Attorney for</b>

**IN THE JUSTICE COURT OF VIRGINIA TOWNSHIP  
IN AND FOR THE COUNTY OF STOREY, STATE OF NEVADA**

<i>Name of Landlord/Plaintiff</i>
<i>Address:</i> <i>City, State, ZIP:</i>
<b>Versus</b>
<i>Name of Tenant(s)/Defendant(s)</i>
<i>Address:</i> <i>City, State, ZIP:</i>
<i>Tenant's Telephone Number: (required)</i>

Case No. \_\_\_\_\_

**ORDER REGARDING APPLICATION TO  
PROCEED IN FORMA PAUPERIS**

Upon consideration of \_\_\_\_\_'s Application to Proceed In Forma Pauperis and it appearing that there is not sufficient income, property, or resources with which to maintain the action, and good cause appearing therefore:

IT IS HEREBY ORDERED that \_\_\_\_\_'s request to waive fees and costs is GRANTED.

IT IS HEREBY ORDERED that \_\_\_\_\_'s request to waive fees and costs is DENIED for the following reason:

- A.  The party is not indigent.
- B.  Other: \_\_\_\_\_

DATED this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
E.F. Herrington  
Justice of the Peace