Name:	
Address:	
City, State, Zip:	
Telephone:	
Email Address:	
Self-Represented	
	Mesquite Justice Court Clark County, Nevada
STATE OF NEVADA Plaintiff,	Churn County, Norudu
vs.	Case No.:

Citation Holder,

## **Application In Forma Pauperis Civil Traffic Infraction**

I am unable to pay the costs of prosecuting or defending this action. I request permission to proceed without paying costs or fees pursuant to NRS 12.015 based on the following:

1. **Public Assistance** includes Medicaid, Nevada Check Up, SNAP (food stamp assistance), TANF, Lowincome energy assistance, Child Care & Development fund assistance. Please indicate whether or not you receive on or more of the above listed benefits.

\_\_\_\_\_Yes, I receive one or more of the above listed.

Specify\_\_\_\_\_

\_\_\_\_\_No, I do not receive any of the above listed benefits.

- 2. Household Members: In my household there are \_\_\_\_\_\_adults (over 18) and \_\_\_\_\_\_ Children (under 18) for a total of \_\_\_\_\_people.
- 3. **Income** includes employment (include tips/overtime), unemployment, retirement, pension, social security, child support. Please list all income for household members (all amounts listed should be after taxes are taken out.):

Monthly Household Income		
Adult #1 Monthly Income	\$	
Adult #2 Monthly Income	\$	
Adult #3 Monthly Income	\$	
Adult #4 Monthly Income	\$	
Adult #5 Monthly Income	\$	
TOTAL MONTHLY HOUSEHOLD INCOME	\$	

4. My basic monthly expenses include: Fill out the chart below

Monthly Expenses		
Rent / Mortgage	\$	
Utilities (electricity, gas, phone, other utilities)	\$	
Food	\$	
Child Care	\$	
Medical Expenses (including health insurance)	\$	
Transportation (insurance, gas, bus fare, etc.)	\$	
Other	\$	
TOTAL MONTHLY EXPENSES	\$	

5. Other Compelling Reason, Explain why you cannot pay the filling fee.

I declare under penalty of perjury under the law of the State of Nevada that the foregoing is true and correct.

Printed Name

Signature

Date

You may electronically sign and submit this form, or you may email it to MesquiteJCPR@clarkcountynv.gov or Fax it to 346-7319.

## FOR COURT USE ONLY COURT ORDER

Upon consideration of the movant's Application to Proceed in Forma Pauperis, and good cause appearing therefore,

\_\_\_\_\_ The Application to Proceed in Forma Pauperis is **GRANTED**. The application shall be permitted to proceed with fees and costs waived in this action as permitted by NRS 12.015.

\_The Application to Proceed in Forma Pauperis is **DENIED** for the following reasons:

\_\_\_\_\_The applicant is not indigent within the meaning of NRS 12.01.5.

\_\_\_\_\_The application was incomplete or not legible.