

JUSTICE COURT, NORTH LAS VEGAS TOWNSHIP
Clark County Nevada

FOR COURT USE ONLY

NAME: _____)

STREET ADDRESS: _____)

CITY, STATE, ZIP CODE: _____)

LANDLORD/PLAINTIFF _____)

VS. _____)

CASE NO.: _____

DEPT NO.: _____

NAME: _____)

STREET ADDRESS: _____)

CITY, STATE, ZIP CODE: _____)

TENANT/OCCUPANT _____)

**APPLICATION
TO PROCEED
IN FORMA PAUPERIS**

I am unable to pay the cost of prosecuting or defending this action. I am requesting, pursuant to NRS 65.040 and NRS 12.015, to proceed without paying cost or fees, based on the following:

1. I receive ____ Medicaid ____ public housing assistance.
2. Including myself, there are ____ adults and ____ children in my household.
3. My total household monthly income after taxes, (include income from employment, unemployment compensation, workers' compensation, child support, Social Security, Spouse and/or Domestic Partner's income, any other household money contributions, etc.) is as follows: \$ _____

Pursuant to NRS 53.045, I declare under penalty of perjury under the law of the State of Nevada that the foregoing is true and correct.

SIGNATURE

APPLICANT'S NAME

PHONE NUMBER / EMAIL
/ / 20

TODAY'S DATE

FOR COURT USE ONLY
ORDER REGARDING APPLICATION TO PROCEED IN FORMA PAUPERIS

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

____ IT IS HEREBY ORDERED that the Applicant is GRANTED. This applicant shall be permitted to proceed with Fees and Costs waived in this action as permitted by NRS 12.015.

____ IT IS HEREBY ORDERED that the Applicant is DENIED for the following reasons:

____ The applicant is not indigent withing the meaning of NRS 12.015.

____ Other: _____

DATE

JUSTICE OF THE PEACE/DEPUTY CLERK