

JUSTICE COURT, NORTH LAS VEGAS TOWNSHIP
Clark County Nevada

NAME: _____)

STREET ADDRESS: _____)

CITY, STATE, ZIP CODE: _____)

FOR COURT USE ONLY

LANDLORD/PLAINTIFF _____)

VS. _____)

CASE NO.: _____

) DEPT NO.: _____

NAME: _____)

STREET ADDRESS: _____)

CITY, STATE, ZIP CODE: _____)

**APPLICATION
TO PROCEED
IN FORMA PAUPERIS**

TENANT/OCCUPANT _____)

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 _____

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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 within the meaning of NRS 12.015.

Other: _____

DATE _____

JUSTICE OF THE PEACE/DEPUTY CLERK _____