UNITED STATES DISTRICT COURT DISTRICT OF CONNECTICUT

MOTION FOR LEAVE TO PROCEED IN FORMA PAUPERIS PURSUANT TO 28 U.S.C. §1915

Plaintiff(s),		_,		
V.	Ca	se No.		
Defendant(s)	_,		
or security th	nest leave to commence this civil action nerefor pursuant to 28 U.S.C. §1915. It ancial affidavit and state that: I am unable to pay such fees, costs, I am entitled to commence this action I request that the Court direct the Unprocess in this matter.	n suppo or give n agains	ort of my requisecurity there	est, I submit the efor. ant(s).
	Or	ginal Sig	gnature	
	Na	me (prin	t or type)	
	Str	eet Addı	ress	
	Cit	y	State	Zip Code
	Te	ephone	Number	

UNITED STATES DISTRICT COURT DISTRICT OF CONNECTICUT

FINANCIAL AFFIDAVIT IN SUPPORT OF MOTION FOR LEAVE TO PROCEED IN FORMA PAUPERIS PURSUANT TO 28 U.S.C. §1915

Plaintiff(s),					
V.	Case No				
Defendant(s).					
I declare that:					
(1) I am unable to pay such fees, costs, o	or give security therefor.				
(2) I am entitled to commence this action	I am entitled to commence this action against the defendant(s).				
I further state that the responses I have made to the ability to pay the cost of prosecuting this action and					
MARITAL STATUS Single Married Separated Div If separated or divorced, are you paying any support Dependents: Spouse Children # Describe any others you support: How many children under the age of 18 do you supports.	ort? Yes No Others #				
RESIDENCE Street Address:					
City: State: Zip Code: Telephone:					
EDUCATION Please circle the highest level of formal education y Grammar School K 1 2 3 4 5 6 7 8 High Scho College 1 2 3 4 Post-Graduate 1 2 3 4	you have received:				

INCOME If employed at present, complete the following: Name of employer:
Name of employer:Address of employer:
How long have you worked for this employer?
Gross weekly income before taxes or other deductions:
If <u>self-employed</u> state gross weekly income before taxes and deductions: What is the nature of your employment?
If <u>unemployed</u> at present, complete the following: I have been unemployed since (DATE):
The name of my last employer:
Address: Telephone #: () Last gross weekly income received :
If spouse is employed, please complete the following: Name of employer: How long employed: Gross weekly income before taxes or other deductions: What is the nature of spouse's employment?
If receiving government cash benefits (such as SAGA or AFDC), complete the following I have been receiving these benefits since: I am receiving \$ per month for myself and the following family members
If receiving <u>social security</u> , <u>disability</u> , <u>workers' compensation</u> or <u>unemployment</u> benefits, complete the following:
I have been receiving (TYPE) benefits since (DATE) I am receiving \$ per month.
ram receiving <u>———</u> per month.
Do you receive <u>any other income</u> , of any kind? Yes No If yes, how much? \$ per (week, month, or year) What is the source of this income?
ASSETS Do you own any real property, such as land or a house? Yes No If yes, what kind of property is it? Property Address: Whose name is the property in?
Whose name is the property in? Estimated value:
Louinated value

Amount owed: Owe	d to:
Amount owed: Owe Total: Monthly payr	ment
Annual income from rental or other use of pro	perty:
Other property:	
Automobile: Make Me	odel Year
Automobile: Make Me Registered owner(s) name(s): Present value of automobile:	
Present value of automobile:	Amount Owed:
Do you own any other valuable property, such If yes, please describe the property and provide	
Cash on hand: Balance in savings, money market, and simila Balance in checking accounts:	
Stocks, bonds, mutual funds or other investme	ents owned:
Total value of investments:	<u></u>
Total value of investments: Describe the nature of the investments:	
OBLIGATIONS:	
Monthly rental on house or apartment:	\$
Monthly mortgage payment on house:	\$ \$
Gas/heating oil bill per month:	\$
Electric bill per month:	\$
Phone bill per month:	\$
Car payments per month:	\$ \$
Car insurance payments per month:	\$ \$
Other types of insurance payments per month	\$ 1
Monthly payments on outstanding debts:	\$
Please list:	\$
Alimony or child support payments:	<u></u>
Estimated monthly expenditure on food:	\$ \$
Estimated monthly expenditure on clothing:	\$ \$
Other necessary expenditures:	T
Care necessary experiences.	\$
	*
Total amount of monthly obligations:	\$

	he amount of each Debt owed to: Debt owed to:								
Other information pertinent to financial status:									
If you case	you have filed. All se continue on a se _l	case in federal court, proprior cases must be learned sheet.	rovide the following information for each listed. If you need additional space,						
	Case Number	Case Caption	Disposition of Case						
1.									
2.									
3.									
4.									
DECLARATION UNDER PENALTY OF PERJURY									
I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct to the best of my knowledge and belief.									
Date	Date: Original Signature of Affiant								

(Rev. 9-17-20)