IN THE UNITED STATES DISTRICT COURT
FOR THE EASTERN DISTRICT OF PENNSYLVANIA

_____ V. _____ C.A. NO._____
Plaintiff — Secretary of Health & Human Services Defendant

MOTION

Plaintiff moves the court for leave to proceed in *forma pauperis* and in support thereof submits the following affidavit:

AFFIDAVIT

I, _____, the plaintiff in the above action, believe that I am entitled to judicial review of the action of the Secretary and that I am entitled to redress. I further swear that my responses to the questions and instructions below are true.

Assets

EMPLOYMENT

Are you now employed? ☐ Yes ☐No ☐ Am Self Employed

Name and address of employer : _____

If YES, how much do you earn per month? $_____

If NO, give month and year of last employment
How much did you earn per month?_____

If married is your Spouse employed? ☐ Yes ☐No
If yes, how much does your Spouse earn per month? _____

If a minor under age 21, what is your Parents or Guardians's approximate monthly income$ _____

OTHER INCOME

Have you received within the past 12 months any income from a business, profession or other form of self-employment, or in the form of rent payments, interest, dividends, retirement or annuity payments, or other sources? ☐Yes ☐No

	Received	Sources
IF YES, GIVE THE AMOUNT	_____	_____
RECEIVED & IDENTIFIED	_____	_____
THE SOURCE	_____	_____

CASH

Have you any cash on hand or money in savings or checking account ☐Yes ☐No

IF YES, state total amount $_____

PROPERTY

Do you own any real estate, stocks, bonds, notes, automobiles, or other valuable property (excluding ordinary household furnishing and clothing)? ☐Yes ☐No

	VALUE	DESCRIPTION
IF YES, GIVE VALUE AND $	_____	_____
DESCRIBE IT	_____	_____
	_____	_____

OBLIGATIONS & DEBTS

DEPENDENTS

MARITAL STATUS

_____SINGLE

_____MARRIED

_____WIDOWED

_____ SEPARATED OR DIVORCED

Total No. of Dependents _____

Last person you actually supported and your relationship to them

_____
_____
_____
_____
_____
_____

Debts & Monthly Bill (List All Creditors Including Bank Loans, Companies, Charge Accounts, Etc.)

Apartment or Home	Creditor	Total Debt	Monthly Payments

I understand that a false statement or answer to any questions in this affidavit will subject me to penalties for perjury

_____

Subscribed and sworn to before me this _____ day of _____ 20_____.

ORDER

Let the applicant proceed without prepayment of costs or fees or the giving of security therefor.

DATED:_____ _____
J.

Civ 656 (10/09)