

FORM 4.

**AFFIDAVIT ACCOMPANYING MOTION FOR
PERMISSION TO APPEAL IN FORMA PAUPERIS**

United States Court of Appeals
for the Sixth Circuit

A. B. Plaintiff]

]

v.]

Case No. _____

]

C. D., Defendant]

Affidavit in Support of Motion

I swear or affirm under penalty of perjury that, because of my poverty, I cannot prepay the docket fees of my appeal or post a bond for them. I believe I am entitled to redress. I swear or affirm under penalty of perjury under United States laws that my answers on this form are true and correct. (28 U.S.C. §§ 1746; 18 U.S.C. §§ 1621.)

Instructions

Complete all questions in this application and then sign it. Do not leave any blanks: if the answer to a question is "0," "none," or "not applicable (N/A)," write that response. If you need more space to answer a question or to explain your answer, attach a separate sheet of paper identified with your name, your case's docket number, and the question number.

Signed: _____

Date: _____

My issues on appeal are:

For both you and your spouse estimate the average amount of money received from each of the following sources during the past 12 months. Adjust any amount that was received weekly, biweekly, quarterly, semiannually, or annually to show the monthly rate. Use gross amounts, that is, amounts before any deductions for taxes or otherwise.

Income source	Average monthly amount during the past 12 months		Amount expected next month	
	You	Spouse	You	Spouse
Employment	\$ _____	\$ _____	\$ _____	\$ _____
Self-employment	\$ _____	\$ _____	\$ _____	\$ _____
Income from real property (such as rental income)	\$ _____	\$ _____	\$ _____	\$ _____
Interest and dividends	\$ _____	\$ _____	\$ _____	\$ _____
Gifts	\$ _____	\$ _____	\$ _____	\$ _____
Alimony	\$ _____	\$ _____	\$ _____	\$ _____
Child support	\$ _____	\$ _____	\$ _____	\$ _____
Retirement (such as social security, pensions, annuities, insurance)	\$ _____	\$ _____	\$ _____	\$ _____
Disability (such as social security, insurance payments)	\$ _____	\$ _____	\$ _____	\$ _____
Unemployment payments	\$ _____	\$ _____	\$ _____	\$ _____
Public-assistance (such as welfare)	\$ _____	\$ _____	\$ _____	\$ _____
Other (specify):_	\$ _____	\$ _____	\$ _____	\$ _____
	\$ _____	\$ _____	\$ _____	\$ _____

Total monthly income:

2. List your employment history, most recent employer first. (Gross monthly pay is before taxes or other deductions.)

Employer	Address	Dates of Employment	Gross monthly pay
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

3. List your spouse's employment history, most recent employer first. (Gross monthly pay is before taxes or other deductions.)

Employer	Address	Dates of Employment	Gross monthly pay
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

4. How much cash do you and your spouse have? \$_____

Below, state any money you or your spouse have in bank accounts or in any other financial institution.

Financial Institution	Type of Account	Amount you have	Amount your spouse has
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

If you are a prisoner, you must attach a statement certified by the appropriate institutional officer showing all receipts, expenditures, and balances during the last six months in your institutional accounts. If you have multiple accounts, perhaps because you have been in multiple institutions, attach one certified statement of each account.

5. List the assets, and their values, which you own or your spouse owns. Do not list clothing and ordinary household furnishings.

Home (Value)	Other real estate (Value)	Motor Vehicle #1 (Value)
_____	_____	Make & year: _____
_____	_____	Model: _____
_____	_____	Registration # _____

Motor Vehicle #2 (Value)

Other assets (Value)

Other assets (Value)

Make & year: _____

Model: _____

Registration # _____

6. State every person, business, or organization owing you or your spouse money, and the amount owed.

Person owing you or your spouse money	Amount owed to you	Amount owed to your spouse
---------------------------------------	--------------------	----------------------------

7. State the persons who rely on you or your spouse for support.

Name

Relationship

Age

8. Estimate the average monthly expenses of you and your family. Show separately the amounts paid by your spouse. Adjust any payments that are made weekly, biweekly, quarterly, semiannually, or annually to show the monthly rate.

	You	Your Spouse
Rent or home-mortgage payment (including lot rented for mobile home)	\$ ____	\$ ____
Are real estate taxes included? [] Yes [] No		
Is property insurance included? [] Yes [] No		
Utilities (electricity, heating fuel, water, sewer, and telephone)	\$ ____	\$ ____
Home maintenance (repairs and upkeep)	\$ ____	\$ ____
Food	\$ ____	\$ ____
Clothing	\$ ____	\$ ____
Laundry and dry-cleaning	\$ ____	\$ ____
Medical and dental expenses	\$ ____	\$ ____
Transportation (not including motor vehicle expenses)	\$ ____	\$ ____
Recreation, entertainment, newspapers, magazines, etc.	\$ ____	\$ ____
Insurance (not deducted from wages or included in mortgage payments)	\$ ____	\$ ____
Homeowner's or renter's		
Life	\$ ____	\$ ____
Health	\$ ____	\$ ____
Motor vehicle	\$ ____	\$ ____
Other:	\$ ____	\$ ____
Taxes (not deducted from wages or included in mortgage payments) (specify):	\$ ____	\$ ____
Installment payments	\$ ____	\$ ____
Motor Vehicle	\$ ____	\$ ____
Credit card (name):	\$ ____	\$ ____
Department store (name):	\$ ____	\$ ____
Other:	\$ ____	\$ ____
Alimony, maintenance, and support paid to others	\$ ____	\$ ____
Regular expenses for operation of business, profession, or farm (attach detail)	\$ ____	\$ ____
Other (specify):	\$ ____	\$ ____
Total monthly expenses:	\$ ____	\$ ____

9. Do you expect any major changes to your monthly income or expenses or in your assets or liabilities during the next 12 months?

Yes No If yes, describe on an attached sheet.

10. Have you paid-or will you be paying-an attorney any money for services in connection with this case, including the completion of this form?

Yes No If yes, how much? \$_____

If yes, state the attorney's name, address, and telephone number:

11. Have you paid-or will you be paying-anyone other than an attorney (such as a paralegal or a typist) any money for services in connection with this case, including the completion of this form?

Yes No If yes, how much? \$_____

If yes, state the person's name, address, and telephone number:

12. Provide any other information that will help explain why you cannot pay the docket fees for your appeal.

13. State the address of your legal residence.

Your daytime phone number: (____) _____

Your age:_____ Your years of schooling: _____

Your social-security number: