UNITED STATES DISTRICT COURT

| DISTRICT OF NEW JERSEY | | | | | | | |
|--------------------------|---|---|--|---|--|--|--|
| | | Plaintiff | FORMA 1 | CATION TO PROCEED IN A PAUPERIS, SUPPORTING MENTATION AND ORDER | | | |
| | | V. | | | | | |
| | | Defendant | CASE NUN | MBER: | | | |
| I, | □ Pe | etioner/plaintiff/movant | ☐ Other | , declare tha | at I am the (check appropriate box) | | |
| secur there to pre | rity there fore; that esent on | efore, I state that because of | my poverty, I am unable ef. The nature of my acti llows: | to pay the costs on, defense, or or | g required to prepay fees, cost or give of said proceeding or give security ther proceeding or the issues I intend ary: | | |
| 1. | •• | you currently incarcerated? | ☐ Yes | □ No | (If "No" go to Part 2) | | |
| | If "Yes" state the place of your incarceration | | | | | | |
| | Are you employed at the institution? Do you receive any payment from the Institution? | | | | | | |
| | | the institution fill out the Cer our incarceration showing at le | | | a ledger sheet from the institution(s) | | |
| 2. | Are y | you presently employed? | ☐ Yes | ☐ No | | | |
| | a. | If the answer is "yes," state the amount of your take home salary or wages and pay period and give the name and address of your employer. | | | | | |
| | b. If the answer is "no," state the date of last employment and the amount of your take home salary or wages and pay period and the name and address of your last employer. | | | | | | |
| 3. | In the past 12 months have you received any money from any of the following sources? | | | | | | |
| | a. Business, profession or other of self-employment | | ☐ Yes | □ No | | | |
| | b. Rent payments, interest or dividends | | | ☐ Yes | □ No | | |
| | c. Pensions, annuities or life insurance payments | | | ☐ Yes | ☐ No | | |
| | d. Disability or workers compensation payments | | | ☐ Yes | ☐ No | | |
| | e | .Gifts or inheritances | | ☐ Yes | □ No | | |
| | f. | Any other sources | | ☐ Yes | □ No | | |

If the answer to any of the above is "Yes" describe each source of money and state the amount received and what you expect

| • | will continue to receive. 40 (1/94) | | | | | |
|-------|--|-------------------|-------------------------------------|--|--|--|
| 4. | Do you have any cash or checking or savings account? | ☐ Yes | ☐ No | | | |
| | If "Yes" state the total amount | | | | | |
| 5. | Do you own any real estate, stocks, bonds, securities, other property? | financial instrum | ents, automobiles or other valuable | | | |
| 6. | List the persons who are dependent on you for support, state your relationship to each person and indicate how much you contribute to their support. | | | | | |
| I dec | clare under penalty of perjury that the above information is true a | nd correct. | | | | |
| | DATE SIGN | NATURE OF APPI | LICANT | | | |
| | CERTIFICAT | E | | | | |
| | (Incarcerated applicants (To be completed by the institution | | | | | |
| I cer | rtify that the applicant named herein has the sum of \$ | | on account to his/her credit | | | |
| at (n | name of institution) | | | | | |
| | rther certify that the applicant has the following securities to | | | | | |
| | . I further certif | | | | | |
| | ince was | 1 | | | | |
| | | | | | | |
| | DATE SIG | NATURE OF AUT | HORIZED OFFICER | | | |