Family Court

Motion to Proceed In Forma Pauperis

Plaintiff/Petitioner	**Case Number**
Defendant/Respondent	

☐ Murray Judicial Complex Newport County 45 Washington Square Newport, Rhode Island 02840-2913 (401) 841-8340	☐ Noel Judicial Complex Kent County 222 Quaker Lane Warwick, Rhode Island 02886-0107 (401) 822-6725
☐ McGrath Judicial Complex Washington County 4800 Tower Hill Road Wakefield, Rhode Island 02879-2239 (401) 782-4111	☐ Garrahy Judicial Complex Providence/Bristol County One Dorrance Plaza Providence, Rhode Island 02903-2719 (401) 458-3200

Now comes the ☐ Plaintiff/Petitioner ☐ Defendant/Respondent and requests that this court waive the filing fees, service of process fees, and transcript costs on the grounds that the ☐ Plaintiff/Petitioner ☐ Defendant/Respondent is presently indigent and as such, has no funds with which to pay these costs.

An Affidavit in Support of Motion to Proceed in Forma Pauperis is submitted in support of this motion. Per Administrative Order 2012-04, you must submit and attach documentation to the Affidavit in Support of Motion to Proceed in Forma Pauperis in the form of a check stub, an award letter, a copy of a check or receipt, or some other independent proof of income showing your inability to pay. The clerk shall not forward the Affidavit in Support of Motion to Proceed in Forma Pauperis to the judicial officer until all the required information and documentation is proffered by the Plaintiff/Petitioner.

/s/ _____ Attorney for the ☐ Plaintiff/Petitioner ☐ Defendant/Respondent or the ☐ Plaintiff/Petitioner ☐ Defendant/Respondent	Rhode Island Bar Number: Date:
Telephone Number:	

Family Court

Affidavit in Support of Motion to Proceed In Forma Pauperis

Plaintiff/Petitioner	Case Number
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Personal Information

Name: _____ Age: _____

Address: _____ Marital Status: ☐ M ☐ S ☐ D ☐ W

City: _____ Number of Dependents and Ages

Telephone: _____ _____

Employment Information

Employed: ☐ Y ☐ N

Employer: _____ How Long: _____

Address: _____ Unemployment Insurance: ☐ Y ☐ N

Income: $_____ per month Income: $_____ per month

Other Income (Government Benefits, Child Support, Alimony, Pension, etc.)

Income Per Month: _____ Source(s): _____

Shelter Costs

If Own Home: Value $_____ Mortgage/Lien: $_____

If Rent: Monthly $_____

If Board, With Whom: $_____ Monthly Contribution (if any): $_____

Utilities (Monthly): $_____

Gas: $_____ Electricity: $_____ Oil: $_____

Food (Monthly): $_____

Clothing (Monthly) $_____ Cell Telephone: $_____

Child Support Paid (Monthly): $_____

Other (Specify): $_____

Assets	**Value**	**Liabilities**	**Amount**
Motor Vehicle	$_____	Loans (Bank or Private):	$ _____
Type: _____		Court Obligations (Costs,	
Year: _____		Fines, Restitution):	$ _____
		Customer Loans/Credit Cards:	$ _____
Car, Boat, Truck,		Medical Bills:	$ _____
Motorcycle	$_____	Taxes: $ _____	
		Other (Insurance, Legal Fees,	
Bank Account Balances		Education, etc.):	$ _____
Checking:	$_____		
Savings:	$_____		
Real Property:	$_____		
Other (Ira, CD, Trusts,			
Stocks, Bonds, etc.)	$_____		

I _____, attest that the information provided is truthful, complete and accurate to the best of my knowledge. I am aware that any false statement or representation knowingly made shall cause me to be subject to charges of perjury in accordance with the laws of the State of Rhode Island.

_____
Signature of the Plaintiff/Petitioner or the Defendant/Respondent

State of _____
County of _____

On this _____ day of _____, 20____, before me, the undersigned notary public, personally appeared _____ ☐ personally known to me or ☐ proved to me through satisfactory evidence of identification, which was _____, to be the person who signed above in my presence, and who swore or affirmed to me that the contents of the document are truthful to the best of his or her knowledge.

Notary Public: _____
My commission expires: _____
Notary identification number: _____

Family Court

Order – Motion in Forma Pauperis

Plaintiff/Petitioner	Case Number
Defendant/Respondent	

☐ **Granted**: The court orders that the ☐ Plaintiff/Petitioner ☐ Defendant/Respondent may file the complaint, petition, or appeal without payment of the filing fee and that the duly authorized officer in accordance with Title 9, Chapter 5 (writs, summons, and process) of the Rhode Island General Laws shall serve without charge to the ☐ Plaintiff/Petitioner ☐ Defendant/Respondent any and all summonses, complaints or petitions, motions, orders, and all other required documents in this matter without charge.

☐ **Granted**: The court orders that the ☐ Plaintiff/Petitioner ☐ Defendant/Respondent may order transcripts without charge.

☐ **Denied**

Entered as an Order of the court on _____.	**Enter:** /s/ _____ Judicial Officer