



STATE OF RHODE ISLAND JUDICIARY

DISTRICT COURT

**PLAINTIFF/PETITIONER'S MOTION TO
PROCEED IN FORMA PAUPERIS**

Plaintiff/Petitioner	Civil Action File Number
Defendant/Respondent	

<input type="checkbox"/> Murray Judicial Complex 2nd Division District Court 45 Washington Square Newport, Rhode Island 02840-2913 (401) 841-8350	<input type="checkbox"/> Noel Judicial Complex 3rd Division District Court 222 Quaker Lane Warwick, Rhode Island 02886-0107 (401) 822-6750
<input type="checkbox"/> McGrath Judicial Complex 4th Division District Court 4800 Tower Hill Road Wakefield, Rhode Island 02879-2239 (401) 782-4131	<input type="checkbox"/> Garrahy Judicial Complex 6th Division District Court One Dorrance Plaza Providence, Rhode Island 02903-2719 (401) 458-5400

Now comes the Plaintiff/Petitioner and prays that this court waive the costs of service of process and filing fees, on the grounds that the Plaintiff/Petitioner 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.

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



STATE OF RHODE ISLAND JUDICIARY
DISTRICT COURT

**PLAINTIFF/PETITIONER'S AFFIDAVIT IN SUPPORT OF
MOTION TO PROCEED IN FORMA PAUPERIS**

Plaintiff/Petitioner	Civil Action File Number
Defendant/Respondent	

The Plaintiff/Petitioner hereby moves this court to waive the filing fee and costs of service of process in this action on the ground that the Plaintiff/Petitioner is indigent and has no funds with which to pay said fee.

The Plaintiff/Petitioner states that there are _____ persons in the family, and the sole source of income is _____ in the amount of \$ _____ per month.

The Plaintiff/Petitioner states that this income is used on basic necessities as follows:

- Rent: \$ _____
- Utilities: \$ _____
- Food: \$ _____
- Clothing: \$ _____
- Medical: \$ _____
- Transportation \$ _____
- Diapers: \$ _____
- Household Supplies: \$ _____
- Other* \$ _____

*Please explain _____

TOTAL MONTHLY EXPENSES:
\$ _____

The Plaintiff/Petitioner states that the Plaintiff/Petitioner has no savings or cash reserves with which to pay the filing fee and cost of service of process.



STATE OF RHODE ISLAND JUDICIARY

WHEREFORE, the Plaintiff/Petitioner requests that the court order that the filing fee and costs of service of process be waived in this action.

Signature of the Plaintiff/Petitioner

State of _____
County of _____

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

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



STATE OF RHODE ISLAND JUDICIARY

DISTRICT COURT

ORDER – MOTION IN FORMA PAUPERIS

Plaintiff/Petitioner	Civil Action File Number
Defendant/Respondent	

GRANTED: It is hereby ordered that the Plaintiff/Petitioner may file the complaint or petition 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 any and all summonses, complaints or petitions, motions, orders, and all other required documents in this matter without charge.

DENIED

Entered as an Order of the court on _____.	BY ORDER OF: /s/ _____ Clerk
	ENTER: /s/ _____ Judicial Officer