



## STATE OF RHODE ISLAND

### SUPERIOR COURT

#### ☐ PLAINTIFF/PETITIONER'S ☐ DEFENDANT/RESPONDENT'S MOTION TO PROCEED IN FORMA PAUPERIS

<b>Plaintiff/Petitioner</b>	<b>Case Number</b>
<b>Defendant/Respondent</b>	

<input type="checkbox"/> Murray Judicial Complex Newport County 45 Washington Square Newport, Rhode Island 02840-2913 (401) 841-8330	<input type="checkbox"/> Noel Judicial Complex Kent County 222 Quaker Lane Warwick, Rhode Island 02886-0107 (401) 822-6900
<input type="checkbox"/> McGrath Judicial Complex Washington County 4800 Tower Hill Road Wakefield, Rhode Island 02879-2239 (401) 782-4121	<input type="checkbox"/> Licht Judicial Complex Providence/Bristol County 250 Benefit Street Providence, Rhode Island 02903-2719 (401) 458-3230

Now comes the ☐ Plaintiff/Petitioner ☐ Defendant/Respondent and prays 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.

/s/ _____ Attorney for the <input type="checkbox"/> Plaintiff/Petitioner <input type="checkbox"/> Defendant/Respondent or the <input type="checkbox"/> Plaintiff/Petitioner <input type="checkbox"/> Defendant/Respondent	Rhode Island Bar Number:
	Date:
Telephone Number:	



## STATE OF RHODE ISLAND

### SUPERIOR COURT

#### ☐ PLAINTIFF/PETITIONER'S ☐ DEFENDANT/RESPONDENT'S AFFIDAVIT IN SUPPORT OF MOTION TO PROCEED IN FORMA PAUPERIS

<b>Plaintiff/Petitioner</b>	<b>Case Number</b>
<b>Defendant/Respondent</b>	

#### 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) \$ \_\_\_\_\_

CHILD SUPPORT PAID (MONTHLY): \$ \_\_\_\_\_

OTHER (SPECIFY): \$ \_\_\_\_\_



**STATE OF RHODE ISLAND**  
**SUPERIOR COURT**

<u>ASSETS</u>	<u>VALUE</u>	<u>LIABILITIES</u>	<u>AMOUNT</u>
MOTER 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 and Providence Plantations.

\_\_\_\_\_  
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: \_\_\_\_\_



**STATE OF RHODE ISLAND  
SUPERIOR COURT**

<b>Plaintiff/Petitioner</b>	<b>Case Number</b>
<b>Defendant/Respondent</b>	

**ORDER – MOTION IN FORMA PAUPERIS**

- ☐ **GRANTED:** It is hereby ordered 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:** It is hereby ordered that the ☐ Plaintiff/Petitioner ☐ Defendant/Respondent may order transcripts without charge.
- ☐ **DENIED**

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