



**STATE OF RHODE ISLAND JUDICIARY**

**WORKERS' COMPENSATION COURT**

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

<b>Petitioner</b>	<b>W.C.C. File Number</b>
<b>Respondent</b>	

Now comes the Employee and prays that this court waive the costs of service of process, filing fees, appeal fees, and/or transcript fees on the grounds that the Employee 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 Employee or the Employee	Rhode Island Bar Number:
	Date:
Telephone Number:	



# STATE OF RHODE ISLAND JUDICIARY

## WORKERS' COMPENSATION COURT

### PETITIONER'S AFFIDAVIT IN SUPPORT OF MOTION TO PROCEED IN FORMA PAUPERIS

<b>Petitioner</b>	<b>W.C.C. File Number</b>
<b>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

HOW LONG: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_

UNEMPLOYMENT INSURANCE:  Y  N

ADDRESS: \_\_\_\_\_

INCOME: \$ \_\_\_\_\_ per month

INCOME: \$ \_\_\_\_\_ per month

WORKERS' COMPENSATION

BENEFIT \$ \_\_\_\_\_ per week

OTHER INCOME (GOVERNMENT BENEFITS, CHILD SUPPORT, ALIMONY, PENSION, ETC.)

AMOUNT 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): \$ \_\_\_\_\_



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<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):	\$ _____
CAR, BOAT, TRUCK,		CUSTOMER LOANS/CREDIT CARDS:	\$ _____
MOTORCYCLE	\$ _____	MEDICAL BILLS:	\$ _____
		TAXES:	\$ _____
BANK ACCOUNT BALANCES		OTHER (INSURANCE, LEGAL FEES,	
CHECKING:	\$ _____	EDUCATION, ETC.):	\$ _____
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 Employee

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: \_\_\_\_\_