



**FORMA PAUPERIS AFFIDAVIT  
JUVENILE COURT FOR THE PARISH OF ORLEANS  
STATE OF LOUISIANA**

NO: \_\_\_\_\_

SECTION: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**DATE FORM COMPLETED:** \_\_\_\_\_

**(ALL QUESTIONS MUST BE ANSWERED IN FULL)**

**I REQUEST A COURT ORDER SO THAT I DO NOT HAVE TO PAY COURT COSTS AND FEES IN ADVANCE OR AS THEY ACCRUE.**

**1. NAME:**

_____	_____	_____
<b>FIRST</b>	<b>MIDDLE</b>	<b>LAST</b>

**2. ADDRESS/ P.O. BOX NUMBER:**

\_\_\_\_\_

**CITY, STATE, AND ZIP CODE:** \_\_\_\_\_

**3. IS THIS YOUR MAILING ADDRESS? (CIRCLE ONE)    YES                  NO**

**IF ANSWERED NO, ENTER YOUR MAILING ADDRESS HERE**

**ADDRESS/ P.O. BOX NUMBER:** \_\_\_\_\_

**CITY, STATE, AND ZIP CODE:** \_\_\_\_\_

**4. TELEPHONE NUMBER:** \_\_\_\_\_

**5. MY DATE OF BIRTH IS:** \_\_\_\_\_

**6. MY SOCIAL SECURITY NUMBER IS:** \_\_\_\_\_

**7. MARITAL STATUS:** \_\_\_\_\_

**8. MY OCCUPATION, EMPLOYER AND EMPLOYER'S ADDRESS (IF MORE THAN ONE, LIST ALL):**

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**PLEASE SELECT ALL THAT APPLY:**

**9. I AM RECEIVING FINANCIAL ASSISTANCE UNDER ONE OR MORE OF THE FOLLOWING PROGRAMS:**

\_\_\_\_\_ SSI OR SSP (SUPPLEMENTAL SECURITY INCOME OR STATE SUPPLEMENTAL PAYMENTS PROGRAM)

\_\_\_\_\_ AFDC OR TANF (AID TO FAMILIES WITH DEPENDENT CHILDREN PROGRAM OR TEMPORARY AID TO NEEDY FAMILIES)

\_\_\_\_\_ FOOD STAMPS (THE FOOD STAMP PROGRAM)

\_\_\_\_\_ CITY OR PARISH RELIEF, GENERAL RELIEF OR GENERAL ASSISTANCE

**IF YOU CHECKED ANY OF THE PROGRAMS LISTED IN NO. 9 ABOVE, YOU MUST ATTACH DOCUMENTS TO VERIFY RECEIPT OF THE BENEFITS. IF YOU HAVE CHECKED ANY OF THE PROGRAMS ABOVE, SIGN ON THE FOLLOWING LINE AND ONLY COMPLETE THE AFFIDAVITS AT THE END OF THIS FORM.**

**10. CHECK ONLY IF THIS APPLIES TO YOU.**

\_\_\_\_\_ I AM NOT ABLE TO PAY ANY OF THE COURT COSTS OR FEES IN ADVANCE, OR AS THEY ACCRUE.

\_\_\_\_\_  
**SIGNATURE OF MOVER**

\_\_\_\_\_  
**WARNING: You must IMMEDIATELY tell the Court if you become able to pay court costs or fees in advance or as they accrue during this action. You may be ordered to appear in court and answer questions about your ability to pay court costs.**

**FINANCIAL INFORMATION**

**CHECK ONLY IF THIS APPLIES TO YOU:**

**11. \_\_\_\_\_ MY PAY CHANGES CONSIDERABLY FROM MONTH TO MONTH. (IF YOU CHECKED THIS BOX, EACH AMOUNT REPORTED IN ITEM NO. 12 BELOW SHOULD BE YOUR MONTHLY AVERAGE FOR THE PAST 12 MONTHS.)**

**12. MONTHLY INCOME:**

**(a) MY GROSS MONTHLY SALARY IS: \$ \_\_\_\_\_**

**(b) MY PAYROLL DEDUCTIONS ARE: (STATE PURPOSE AND AMOUNT)**

**1. \_\_\_\_\_ \$ \_\_\_\_\_**

**2. \_\_\_\_\_ \$ \_\_\_\_\_**

**3. \_\_\_\_\_ \$ \_\_\_\_\_**

**TOTAL PAYROLL DEDUCTIONS: \$ \_\_\_\_\_**

**(c) MY MONTHLY TAKE HOME PAY IS: \$ \_\_\_\_\_**

**(d) THE NUMBER OF DEPENDENTS, INCLUDING ME, SUPPORTED BY THIS MONEY IS: \_\_\_\_\_**

**(e) SPOUSE'S EMPLOYER AND OCCUPATION: \_\_\_\_\_**

**(f) SPOUSE'S GROSS MONTHLY INCOME: \_\_\_\_\_**

**DEDUCTIONS: \$ \_\_\_\_\_**

**(g) OTHER MONEY I GET EACH MONTH (WORKER'S COMPENSATION, INTEREST, DIVIDENDS, RENT, SPOUSAL SUPPORT, CHILD SUPPORT, SOCIAL SECURITY, OR RETIREMENT):**

**(1) \_\_\_\_\_ \$ \_\_\_\_\_**

**(2) \_\_\_\_\_ \$ \_\_\_\_\_**

**(h) TOTAL MONTHLY NET INCOME FROM ALL SOURCES IDENTIFIED UNDER ITEM NO. 12: \$ \_\_\_\_\_**

**(NOTE: IF YOU ANSWERED ITEM NO. 11 AND/OR NO. 12, ATTACH A COPY OF THE MOST RECENT PAYCHECK(S) OR PAY STUB(S), FOR YOU AND YOUR SPOUSE)**

**IF YOU ARE A CLIENT OF A LEGAL SERVICES PROGRAM FUNDED BY THE LEGAL SERVICES CORPORATION OR A PRO BONO PROJECT THAT RECEIVES REFERRALS FROM A LEGAL SERVICES PROGRAM AND HAVE A COMBINED INCOME FROM QUESTION 12 THAT IS LESS THAN OR EQUAL TO 125% OF THE FEDERAL POVERTY LEVEL, SKIP ALL PARTS OF QUESTIONS 13 THROUGH 16 AND CONTINUE WITH QUESTIONS 17 THROUGH 19.**

**13. \_\_\_\_\_ MY MONTHLY EXPENSES NOT ALREADY LISTED IN ITEM NO. 12 ARE:**

**(a) RENT OR HOUSE PAYMENTS & MAINTAINENCE: \$ \_\_\_\_\_**

**(b) FOOD & HOUSEHOLD SUPPLIES: \$ \_\_\_\_\_**

**(c) UTILITIES & TELEPHONE: \$ \_\_\_\_\_**

**(d) CLOTHING: \$ \_\_\_\_\_**

**(e) LAUNDRY: \$ \_\_\_\_\_**

**(f) MEDICAL EXPENSES: \$ \_\_\_\_\_**

**(g) AMOUNTS DEDUCTED DUE TO GARNISHMENTS, WAGE ASSIGNMENTS AND EARNINGS WITHHOLDING ORDERS: \$ \_\_\_\_\_**

**(h) OTHER EXPENSES (SPECIFY): \$ \_\_\_\_\_**

**(i) INSURANCE (LIFE, HEALTH, OR ACCIDENT): \$ \_\_\_\_\_**

**(j) SCHOOL & CHILD CARE: \$ \_\_\_\_\_**

**(k) TRANSPORTATION AND/OR AUTO EXPENSES (INSURANCE, GAS, REPAIRS): \$ \_\_\_\_\_**

**(l) TOTAL AMOUNT OF MONTHLY EXPENSES: \$ \_\_\_\_\_**

**(m) INSTALLMENT PAYMENTS (STATE PURPOSE & AMOUNT)**

**(1) \_\_\_\_\_ \$ \_\_\_\_\_**

**(2) \_\_\_\_\_ \$ \_\_\_\_\_**

**(n) TOTAL AMOUNT OF INSTALLMENT PAYMENTS: \$ \_\_\_\_\_**

**14. I OWN OR HAVE AN INTEREST IN THE FOLLOWING PROPERTY:**

**(a) CASH: \$ \_\_\_\_\_**

**(b) CHECKING OR SAVINGS ACCOUNTS AT ANY FINANCIAL INSTITUTION:**

(1) \_\_\_\_\_ \$ \_\_\_\_\_

(2) \_\_\_\_\_ \$ \_\_\_\_\_

(3) \_\_\_\_\_ \$ \_\_\_\_\_

**(c) AUTOMOBILES, OTHER VEHICLES AND BOATS (LIST MAKE, MODEL AND YEAR OF EACH AND ESTIMATED VALUE):**

(1) \_\_\_\_\_ \$ \_\_\_\_\_

(2) \_\_\_\_\_ \$ \_\_\_\_\_

(3) \_\_\_\_\_ \$ \_\_\_\_\_

**(d) REAL ESTATE (LIST ADDRESS, ESTIMATED FAIR MARKET VALUE, AND EQUITY IN EACH PROPERTY):**

(1) \_\_\_\_\_ \$ \_\_\_\_\_

(2) \_\_\_\_\_ \$ \_\_\_\_\_

**(e) OTHER PROPERTY SUCH AS JEWELRY, FURNITURE, FURS, ART, STOCKS, BONDS, CERTIFICATES OF DEPOSIT, COIN OR STAMP COLLECTIONS, U.S. SAVINGS BONDS, ANNUITIES, IRA ACCOUNTS, ETC:**

(1) \_\_\_\_\_ \$ \_\_\_\_\_

(2) \_\_\_\_\_ \$ \_\_\_\_\_

(3) \_\_\_\_\_ \$ \_\_\_\_\_

**15. \_\_\_\_\_ I HAVE AN INTEREST IN AN ESTATE OR SUCCESSION WHICH MAY BE, OR IS OPENED AND/ OR AN INTEREST IN OTHER CIVIL LITIGATION. (STATE THE NAME, COURT, AND CASE NUMBER OF ALL SUCH MATTERS.)**

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**16. OTHER FACTS WHICH SUPPORT THIS APPLICATION (DESCRIBE UNUSUAL MEDICAL, NEEDS, EXPENSES FOR RECENT FAMILY**

**EMERGENCIES, OR OTHER UNUSUAL EXPENSES TO HELP THE COURT UNDERSTAND YOUR BUDGET. IF MORE SPACE IS NEEDED, ATTACH A PAGE LABELED ATTACHMENT 16.**

**17. \_\_\_\_\_ I AM NOT REPRESENTED BY AN ATTORNEY.**

**18. \_\_\_\_\_ I AM REPRESENTED IN THIS CASE BY AN ATTORNEY FROM THE LEGAL SERVICES CORPORATION, THE PRO BONO PROJECT, OR A LEGAL SERVICES PROGRAM.**

**19. \_\_\_\_\_ I AM REPRESENTED BY A PRIVATE ATTORNEY.**

**IF YOU HAVE AN ATTORNEY, WHAT AMOUNT HAVE YOU PAID OR AGREED TO PAY YOUR ATTORNEY? \_\_\_\_\_**

**AFFIDAVIT OF MOVER**

STATE OF LOUISIANA

PARISH OF \_\_\_\_\_

**BEFORE ME, THE UNDERSIGNED AUTHORITY, PERSONALLY CAME AND APPEARED,**

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**WHO AFTER BEING DULY SWORN, DEPOSED AND SAID THAT HE/SHE IS THE PERSON WHO FURNISHED THE INFORMATION CONTAINED IN THE ABOVE FORM THAT HE/SHE HAS SIGNED SAME; AND THAT THE INFORMATION CONTAINED THEREIN IS TRUE AND CORRECT; THAT THIS INFORMATION IS BEING FURNISHED TO THE ORLEANS PARISH JUVENILE COURT FOR THE PURPOSE OF OBTAINING AN ORDER TO PROCEED IN THE ABOVE-CAPTIONED LAWSUIT PURSUANT TO LA. C.C.P. ARTICLES. 5181 ET SEQ., AND MOVER IS PREPARED TO APPEAR IN COURT TO GIVE ANY INFORMATION WHICH MAY BE DESIRED IN ADDITION TO THE ABOVE. MOVER FURTHER UNDERSTANDS THAT THE ANSWERS HEREIN ARE CONTINUOUS AND IF MOVER EVER ACQUIRES ANY ASSETS DESCRIBED HEREIN MOVER WILL MAKE THE FACT KNOWN PRIOR TO HEARING OF THIS MATTER. MOVER AGREES TO BE FURTHER INTERROGATED AT ANY STAGE OF THESE PROCEEDINGS TO INQUIRE INTO MOVER'S FINANCIAL CONDITION. MOVER KNOWS IT IS A CRIME TO INTENTIONALLY SWEAR TO A KNOWN FALSE ANSWER.**

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**MOVER**

**SWORN TO AND SUBSCRIBED BEFORE ME, A NOTARY PUBLIC,**

**THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_\_.**

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**NOTARYPUBLIC**

**(NOTE; IF YOU HAVE AN ATTORNEY, HAVE HIM/HER COMPLETE THE APPROPRIATE STATEMENT BELOW.)**

**STATEMENT OF PRIVATE ATTORNEY**

**I, THE UNDERSIGNED ATTORNEY, DULY ADMITTED TO PRACTICE IN THE STATE OF LOUISIANA, DO HEREBY DECLARE AND AFFIRM THAT I HAVE CAREFULLY REVIEWED THE ABOVE AND FOREGOING STATEMENT OF MY CLIENT AND APPROVE THE CLIENT HAVING SUBMITTED THE SAME.**

\_\_\_\_\_  
**ATTORNEY'S SIGNATURE**

\_\_\_\_\_  
**PRINT NAME**

\_\_\_\_\_  
**BAR NUMBER**

\_\_\_\_\_  
**TELEPHONE NUMBER**

**LEGAL SERVICES PROGRAM DECLARATION**

**I ATTEST THAT I AM A DULY AUTHORIZED REPRESENTATIVE OF A LEGAL SERVICES PROGRAM FUNDED BY THE LEGAL SERVICES CORPORATION OR A PRO NOBO PROJECT THAT RECEIVES REFERRALS FROM ONE OF THESE LEGAL SERVICES PROGRAMS, AND THAT \_\_\_\_\_ HAS PRODUCED EVIDENCE THAT HE/SHE RECEIVES PUBLIC ASSISTANCE BENEFITS, OR THAT HE/SHE HAS QUALIFIED TO RECEIVE FREE LEGAL SERVICES BASED ON HIS/HER INCOME BEING LESS THAN OR EQUAL TO 125% OF THE FEDERAL POVERTY LEVEL AND THEREFORE IS ENTITLED TO A REBUTTABLE PRESUMPTION THAT HE/SHE IS ENTITLED TO THE PRIVILEGE OF LITIGATING WITHOUT PRIOR PAYMENT OF COSTS.**

\_\_\_\_\_  
**LEGAL SERVICES PROGRAM OR PRO BONO PROJECT REPRESENTATIVE**



**THIRD-PARTY AFFIDAVIT OF SUPPORT FOR PAUPER STATUS**

STATE OF LOUISIANA

PARISH OF \_\_\_\_\_

BEFORE ME, THE UNDERSIGNED AUTHORITY, PERSONALLY CAME AND APPEARED, \_\_\_\_\_ WHO, BEING DULY SWORN, DEPOSED AND SAID: THAT HE/SHE KNOWS \_\_\_\_\_, WHO IS THE MOVER IN THE ABOVE-CAPTIONED MATTER AND KNOWS HIS/HER FINANCIAL CONDITION BECAUSE:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(BASIS OF KNOWLEDGE STATED IN DETAIL)

AND HE/SHE FIRMLY BELIEVES THAT MOVER IS UNABLE TO PAY COSTS IN THIS CAUSE IN ADVANCE OR AS THEY ACCRUE OR TO FURNISH SECURITY.

HE/SHE KNOWS THAT IT IS A CRIME TO INTENTIONALLY SWEAR TO WHAT IS KNOWN TO BE A FALSE ANSWER.

\_\_\_\_\_  
SIGNATURE OF WITNESS

SWORN TO AND SUBSCRIBED BEFORE ME, THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC

(NOTE: THE "SUPPORTING AFFIDAVIT" REQUIRED TO BE SUBMITTED HEREIN ABOVE MUST BE THAT OF A "PECUNIARILY DISINTERESTED" PERSON. THIS PRELUDES THE PARTICIPATION OF THE ATTORNEY, AND ORDINARILY PRECLUDES ANY MEMBER OF THE ATTORNEY'S STAFF, OR THE SPOUSE OR MINOR CHILD OF THE INDIGENT DECLARANT. AN APPROPRIATE REPRIMAND FOR IMPROPER USE OF THIS PROCEDURE MAY RESULT IN MONETARY SANCTIONS.)

**ORDER**

**CONSIDERING THE FOREGOING MOTION, SUPPORTING AFFIDAVITS AND SWORN FACTS, LET \_\_\_\_\_ BE PERMITTED TO FILE ALL PLEADINGS, APPEAR IN, AND PROSECUTE, OR DEFEND IN THIS ACTION WITHOUT PRIOR PAYMENTS OF COSTS, OR AS THEY ACCRUE, AND WITHOUT GIVING BOND FOR COSTS, AS PROVIDED BY THE LAWS OF THE STATE OF LOUISIANA AND CODE OF CIVIL PROCEDURE, ARTICLES 5181 ET SEQ., AS AMENDED, PENDING FURTHER ORDERS OF THIS COURT.**

**NEW ORLEANS, LOUISIANA, THIS \_\_\_\_\_ DAY OF \_\_\_\_\_  
20\_\_\_\_\_.**

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**JUDGE**