

4-222. Application for free process and affidavit of indigency.

[For use with Supreme Court General Rule 23-114 NMRA]

STATE OF NEW MEXICO
COUNTY OF SIERRA
SEVENTH JUDICIAL DISTRICT COURT

_____,
Plaintiff,

v. No. D-721-CV-_____

_____,
Defendant.

APPLICATION FOR FREE PROCESS AND AFFIDAVIT OF INDIGENCY

I request that the court enter an order permitting me to file this case without prepayment of fees and costs and give upon my oath or affirmation the following statement.

My marital status is: Single ____ Married ____ Divorced ____ Separated ____ Widowed ____

I request interpretation services: ____ yes ____ no (If yes, please describe what you need)

INFORMATION ABOUT MY FINANCES (check all that apply to you and fill in the blanks):

A. PUBLIC ASSISTANCE

___ I do not receive public assistance (If you check this blank, go directly to Section B EMPLOYMENT/UNEMPLOYMENT).

___ I currently receive the following public assistance in _____ County (please check all applicable public assistance programs):

- ___ Temporary Assistance for Needy Families (TANF)
- ___ Food Stamps
- ___ Medicaid (for myself)
- ___ General Assistance (GA)
- ___ Supplemental Security Income (SSI)
- ___ Public Housing

- Disability Security Income (DSI)
- Department of Health Case Management Services (DHMS)
- Other (please describe _____)

B. EMPLOYMENT/UNEMPLOYMENT

I am currently unemployed and have been unemployed for ____ months in the past year. I am unemployed because _____.

I receive unemployment benefits in the amount of \$_____ per month.

I have no income because I am unemployed.

I am employed. I am paid \$_____ per hour and work _____ hours per week.

My employer's name, address and phone number is:

I am married, and my spouse is unemployed and has been unemployed for ____ months in the past year because _____.

My spouse receives unemployment benefits in the amount of \$_____ per month.

I am married, and my spouse is employed. My spouse is paid \$_____ per hour and works _____ hours per week.

My spouse's employer's name, address and phone number is:

C. OTHER SOURCES OF INCOME (Check all that apply)

I have income from another source not mentioned above.

Child Support \$_____

Alimony \$_____

Investments \$_____

Community property from my spouse \$_____

Other _____ \$_____

I do not have any other sources of income.

_____ I am married, and my spouse has income from another source not mentioned above.

_____ Child Support \$ _____
_____ Alimony \$ _____
_____ Investments \$ _____
_____ Other _____ \$ _____
_____ Other _____ \$ _____

_____ I am married, and my spouse does not have any other sources of income.

_____ Another adult contributes to household income in the following amount: \$ _____

D. OTHER ASSETS (Please list other assets owned by you or your spouse that can be turned into cash. Do not include money you have in retirement accounts):

Cash on hand \$ _____
Bank accounts \$ _____
Income tax refund \$ _____
Other assets (describe below):
_____ \$ _____
_____ \$ _____

IF YOU DO NOT HAVE ACCESS TO YOUR OWN OR YOUR SPOUSE'S INCOME OR ASSETS, EXPLAIN WHY.

E. MONTHLY EXPENSES

House Payment/Rent \$ _____
Utilities \$ _____
Telephone \$ _____
Groceries (after food stamps) \$ _____
Car Payment(s) \$ _____
Gasoline \$ _____
Insurance \$ _____
Child Care \$ _____
Student and Consumer Loans \$ _____
Court-ordered family support obligations \$ _____
Other court-ordered payments \$ _____

Medical expenses \$ _____
Other _____ \$ _____

F. HOUSEHOLD

I live at _____,
and the head of the household is _____.

Other than myself, the other members of the household are:

<u>Name</u>	<u>Age</u>	<u>Employment</u>	<u>I Support</u>
_____	_____	_____	()
_____	_____	_____	()
_____	_____	_____	()
_____	_____	_____	()
_____	_____	_____	()
_____	_____	_____	()
_____	_____	_____	()

This statement is made under oath. I hereby state that the above information regarding my financial condition is correct to the best of my knowledge. I hereby authorize the Court to obtain information from financial institutions, employers, relatives, the federal internal revenue service and other state agencies. If at any time the Court discovers that information in

that I shall pay to the court clerk from such attorney fee any court fees and costs that may be waived by the court.

(Attorney signature)

Address

City, State, Zip Code

Telephone/Fax Number

[Adopted by Supreme Court Order No. 07-8300-043, effective February 25, 2008; as amended by Supreme Court Order No. 08-8300-031, effective November 17, 2008; by Supreme Court Order No. 10-8300-044, effective February 9, 2011.]