



**MOTION FOR WAIVER OF COSTS AND FEES AND  
TO PROCEED *IN FORMA PAUPERIS*; AFFIDAVIT;  
FINANCIAL STATEMENT; AND ORDER**

Case No. \_\_\_\_\_  
Court \_\_\_\_\_  
County \_\_\_\_\_  
Division \_\_\_\_\_

PLAINTIFF/PETITIONER

VS.

DEFENDANT/RESPONDENT

**Motion for Waiver of Costs and Fees:** Affiant is unable to pay the costs and fees of this action and hereby requests that the Court waive them and allow Affiant to proceed *in forma pauperis*.

Affiant hereby submits the following information in support of the above Motion.

NAME: \_\_\_\_\_

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

DOB: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_

**I. MONTHLY INCOME/MONTHLY EXPENSES**

1. Are you employed?  Yes, full-time.  Yes, part-time.  No.

Employer name and address: \_\_\_\_\_

2. Marital status: \_\_\_\_\_ If married, spouse's name: \_\_\_\_\_

3. Number of dependents (children, elderly, or disabled): \_\_\_\_\_ Relationship: \_\_\_\_\_ Age(s): \_\_\_\_\_

4. If married, is spouse employed?  Yes  No. If yes, include spouse's income and expenses below unless this is a divorce proceeding.

**Monthly Income**

Gross salary (before deductions)	\$ _____
Public/Gov't assistance:	
Food stamps/SNAP	\$ _____
TANF	\$ _____
K-TAP	\$ _____
KCHIP	\$ _____
LIHEAP	\$ _____
WIC	\$ _____
Child Care Assistance	\$ _____
Foster care	\$ _____
Other _____	\$ _____
Social Security (SSI/SSD)	\$ _____
Worker's Compensation	\$ _____
Unemployment	\$ _____
Retirement/Pension	\$ _____
Child support	\$ _____
Maintenance/Alimony	\$ _____
Stocks, trusts, bonds	\$ _____
Student financial aid	\$ _____
Other _____	\$ _____

**Monthly Expenses**

<input type="checkbox"/> Mortgage <input type="checkbox"/> Rent payment	\$ _____
Utilities (electric/gas)	\$ _____
Water/Sewer/Trash	\$ _____
Food	\$ _____
Phone(s) (landline and/or cell)	\$ _____
Internet	\$ _____
Cable/Satellite	\$ _____
Transportation	\$ _____
Clothing/Shoes	\$ _____
Vehicle payment(s)	\$ _____
Insurance (vehicle, health, house/renter's)	\$ _____
Credit card payment(s)	\$ _____
Unreimbursed childcare	\$ _____
Tuition/student loans	\$ _____
Medical/Dental payments/installments	\$ _____
Child support	\$ _____
Other _____	\$ _____

**5. TOTAL MONTHLY INCOME** \$ \_\_\_\_\_

**6. TOTAL MONTHLY EXPENSES** \$ \_\_\_\_\_

**II. ASSETS / DEBTS**

**Assets**

Cash on hand \$ \_\_\_\_\_  
 Bank accounts  
     *Checking* \$ \_\_\_\_\_  
     *Savings* \$ \_\_\_\_\_  
     *Other* \_\_\_\_\_ \$ \_\_\_\_\_  
 Value of home (if homeowner) \$ \_\_\_\_\_  
 Value of other real estate owned (*please list*)  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 Value of vehicle(s) in working order  
 (1) Yr/Make \_\_\_\_\_ \$ \_\_\_\_\_  
 (2) Yr/Make \_\_\_\_\_ \$ \_\_\_\_\_  
 (3) Yr/Make \_\_\_\_\_ \$ \_\_\_\_\_

Value of personal possessions (*i.e., jewelry, boat*)  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_

**Debts / Outstanding balances owed**

Home loan, if homeowner \$ \_\_\_\_\_  
 Vehicle loan(s) \$ \_\_\_\_\_  
 Credit card(s) \$ \_\_\_\_\_  
 Student loan(s) \$ \_\_\_\_\_  
 Medical \$ \_\_\_\_\_  
 Other \_\_\_\_\_ \$ \_\_\_\_\_  
 Other \_\_\_\_\_ \$ \_\_\_\_\_  
 Other \_\_\_\_\_ \$ \_\_\_\_\_  
 Other \_\_\_\_\_ \$ \_\_\_\_\_  
 Other \_\_\_\_\_ \$ \_\_\_\_\_

**7. TOTAL ASSETS** \$ \_\_\_\_\_

**8. TOTAL DEBTS** \$ \_\_\_\_\_

9. Additional comments:

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

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Affiant's Signature

\_\_\_\_\_  
 Affiant's Name (*print or type*)

SUBSCRIBED AND SWORN TO before me this \_\_\_\_\_ day of \_\_\_\_\_, 2\_\_\_\_\_

My Commission Expires: \_\_\_\_\_

\_\_\_\_\_  
 Attesting Officer or Notary's Signature



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**ORDER**

This case having come on the Court's docket on a motion for waiver of fees and costs associated with this action and to proceed *in forma pauperis* pursuant to KRS 453.190, and the Court having reviewed the foregoing Affidavit and Financial Statement, and being otherwise sufficiently advised, IT IS HEREBY ORDERED AND ADJUDGED that the Motion to Proceed *In Forma Pauperis* is:

- GRANTED.** (Doc Code: OFP) Affiant is a poor person pursuant to KRS 453.190(2) as follows: (*Check one*)
- Affiant is unable to pay the costs and fees associated with this action without depriving himself or herself or his or her dependents of the necessities of life, including food, shelter, or clothing. OR
  - Affiant's income is at or below 100% on the sliding scale of indigency established by the Kentucky Supreme Court.

**OR**

- DENIED.** (Doc Code: OFD) Affiant is not a "poor person" pursuant to KRS 453.190(2). Affiant shall have thirty (30) days to pay any required fees or costs to appeal this decision. If Affiant fails to pay the required fees or costs, or fails to seek review, the matter shall be treated as though not timely filed. CR 5.05(4).

\_\_\_\_\_  
Date

\_\_\_\_\_  
Judge's Signature