

Name:  
Address:

Phone:

*Pro Se,*

**IN THE SUPERIOR COURT  
OF THE  
COMMONWEALTH OF THE NORTHERN MARIANA ISLANDS**

	)	FCD-____ CIVIL ACTION NO.____ -
<b>Petitioner(s),</b>	)	
	)	
<b>vs.</b>	)	
	)	
	)	
<b>Respondent(s).</b>	)	
	)	

**PETITION TO PROCEED IN FORMA PAUPERIS & AFFIDAVIT**

I, \_\_\_\_\_, am the [ ] Petitioner [ ] Respondent in the above-entitled action and a permanent resident of the Commonwealth of the Northern Mariana Islands. I am unable to pay the court fees or to give security thereof and hereby make this statement under oath to support my application to the court to proceed in this proceeding without payment of said fees. It is my belief that I am entitled to relief.

The nature of this case, action, proceeding, defense, or appeal is \_\_\_\_\_.

My age is \_\_\_\_\_. My occupation is \_\_\_\_\_.

I am hereby submitting a financial affidavit in support of this Petition.

\_\_\_\_\_  
Print or Type Name

\_\_\_\_\_  
Signature

**AFFIDAVIT OF FINANCIAL STATUS MUST BE SUBMITTED WITH THIS PETITION**



2 **3.**

3 **Why are you asking the Court to waive your fees? (Select one: a, b, or c)**

4 a.  I receive (*check all that apply*):

- 5  NAP (Nutrition Assistance Program aka “Food Stamps”)
- 6  SSI (Supplemental Security Income aka “Social Security”)
- 7  Section 8 Housing
- 8  LIHEAP (Low-Income Home Energy Assistance Program)
- 9  MLSC -Micronesia Legal Service Corporation representation
- 10  Medicaid
- 11  Pell Grant
- 12  Other “means tested benefit” (specify): \_\_\_\_\_.

13 *(If you checked a, fill out Section 7 only)*

14 b.  My total gross monthly income of all household members is at or less than 125% of the US poverty standard for Hawai‘i.

15 2017 Poverty Guideline for Hawai‘i (Gross Monthly):

Household Size	Household Income	Household Size	Household Income	Household Size	Household Income	<i>If more than 6 people at home, add \$401 for each extra person</i>
1	\$1,155	3	\$1,957	5	\$2,758	
2	\$1,556	4	\$2,358	6	\$3,159	

18 **OR** 2017 Poverty Guideline for Hawai‘i (Adjusted at 125%)

Household Size	Household Income	Household Size	Household Income	Household Size	Household Income
1	\$1,443	3	\$2,446	5	\$3,448
2	\$1,945	4	\$2,948	6	\$3,949

22 *(If you checked b, you must also fill out Sections 1 and 7 only)*

23 c.  I am currently facing an economic hardship and do not have enough income to pay my household’s basic needs *and* the court fees. I ask the court to: (check one)

- 24  Waive all court fees and costs  Waive some of the court fees
- 25  Let me make payments over time

*(If you checked c, you must fill out all Sections)*

**SECTION 1: HOUSEHOLD INCOME**

a. Check which definition of household you are using:

CENSUS definition: all persons who occupy a housing unit as their usual place of residence. A housing unit, an apartment, a mobile home, a group of rooms, or a single room that is occupied (or if vacant, is intended for occupancy) as separate living quarters.

TAX basis: All people who are included on my most recent tax return (myself, spouse, dependent parents, dependent children) or who would be if I filed one.

b. List all members of your household by name, age, relationship, and occupation:

Name	Age	Relationship	Occupation

I have additional household members listed at the end of this form:

**The total number of household members is \_\_\_\_\_.**

c. List the gross monthly income for each household member, you must include all sources of income (like earnings, rents, self-employment income, investment income, etc.) and use one of the following calculations:

Gross Weekly Income x 52 ÷ 12 = Gross Monthly Income

Gross Bi-Weekly Income x 26 ÷ 12 = Gross Monthly Income

Most Recent Annual Income ÷ 12 = Gross Monthly Income

YTD Gross Income ÷ # Weeks In Year So Far x 52 ÷ 12 = Gross Monthly Income

YTD Gross Income ÷ # Bi-Weekly Pay Period So Far = Gross Bi-weekly Income

YTD Gross Income ÷ Months Elapsed So Far = Gross Monthly Income

Name	Gross Monthly Income

2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25

I have additional household members with gross monthly income listed at the end of this form.

**The total gross monthly income for our household is \_\_\_\_\_.**

*(You must attach the most recent pay stubs, BGRTs, tax returns, or other documentation of income for each household member.)*

If you are unable to attach proof of income for each household member, explain below why you cannot do so:

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

**SECTION 2: GROSS MONTHLY INCOME**

- a. List the source and amount of *any* income you get each month, including: wages or other income from work before deductions, spousal/child support, pension and retirement, social security, disability, military basic allowance for housing (BAH) and subsistence (BAS), veterans payments, dividends, interest, trust income, annuities, net business or rental income, reimbursement for job-related expenses, gambling or lottery winnings, etc.
  - 1. \_\_\_\_\_ \$ \_\_\_\_\_
  - 2. \_\_\_\_\_ \$ \_\_\_\_\_
  - 3. \_\_\_\_\_ \$ \_\_\_\_\_
  - 4. \_\_\_\_\_ \$ \_\_\_\_\_
  - 5. \_\_\_\_\_ \$ \_\_\_\_\_
- b. **Your total monthly income:** \$ \_\_\_\_\_

**SECTION 3: CASH**

- a. Do you have any cash on hand? IF YES, state total amount \$ \_\_\_\_\_
- b. Do you have any money in savings or checking accounts? *(List bank name and amount):*
  - 1. \_\_\_\_\_ \$ \_\_\_\_\_
  - 2. \_\_\_\_\_ \$ \_\_\_\_\_
  - 3. \_\_\_\_\_ \$ \_\_\_\_\_

**SECTION 4: PROPERTY**

***EXEMPTED PROPERTIES: the following properties are exempted from consideration – primary family home and lot, household furniture, one automobile, furnishings, and appliances***

Other than those properties that are exempted, do you own another car, boat, or any other type of vehicle? (If yes, list below):

Description:	Make / Year:	Fair Market Value:	Amount owed:
1. _____	_____	\$ _____	\$ _____
2. _____	_____	\$ _____	\$ _____
3. _____	_____	\$ _____	\$ _____
4. _____	_____	\$ _____	\$ _____
5. _____	_____	\$ _____	\$ _____

Other than your primary family home, do you own Real Property/Real Estate? (If yes, list below):

- Description: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 In whose name is the property titled: \_\_\_\_\_  
 Has it been probated? \_\_\_\_\_  
 Estimated Fair Market Value: \_\_\_\_\_  
 Income from Property (if any): \_\_\_\_\_  
 Amount Owed (if any): \_\_\_\_\_
- Description: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 In whose name is the property titled: \_\_\_\_\_  
 Has it been probated? \_\_\_\_\_  
 Estimated Fair Market Value: \_\_\_\_\_  
 Income from Property (if any): \_\_\_\_\_  
 Amount Owed (if any): \_\_\_\_\_
- Description: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 In whose name is the property titled: \_\_\_\_\_  
 Has it been probated? \_\_\_\_\_  
 Estimated Fair Market Value: \_\_\_\_\_  
 Income from Property (if any): \_\_\_\_\_  
 Amount Owed (if any): \_\_\_\_\_

2 Other than those properties that are exempted, do you own any other Personal Property (jewelry,  
3 stock, bonds, etc.)?

Description:	Fair Market Value:	Amount owed:
4 1. _____	\$ _____	\$ _____
5 2. _____	\$ _____	\$ _____
6 3. _____	\$ _____	\$ _____
7 4. _____	\$ _____	\$ _____
8 5. _____	\$ _____	\$ _____

9 **Other information pertinent to Petitioner's financial status:** Use this space to (1) describe  
10 any sporadic sources of income including odd jobs, seasonal or contract work; and (2) identify  
11 any other property of value.  
12 \_\_\_\_\_  
13 \_\_\_\_\_  
14 \_\_\_\_\_  
15 \_\_\_\_\_  
16 \_\_\_\_\_  
17 \_\_\_\_\_

### SECTION 5: MONTHLY DEDUCTIONS AND EXPENSES

18 a. List any payroll deductions and the monthly amount below:

19 1. _____	\$ _____
20 2. _____	\$ _____
21 3. _____	\$ _____
22 4. _____	\$ _____
23 5. _____	\$ _____

24 b. Residence Payment

25 1. Rent or Mortgage	\$ _____
26 2. Taxes and Insurance	\$ _____
27 3. Maintenance	\$ _____

28 c. Food and Household Supplies

\$ \_\_\_\_\_

29 d. Utilities and Telephone

\$ \_\_\_\_\_

30 e. Clothing

\$ \_\_\_\_\_

31 f. Laundry and Cleaning

\$ \_\_\_\_\_

32 g. Medical and Dental Expenses

\$ \_\_\_\_\_

33 h. Insurance (Life, Health, Accident, Etc.)

\$ \_\_\_\_\_

34 i. Child Care

\$ \_\_\_\_\_

35 j. Child/Spousal Support

\$ \_\_\_\_\_

36 k. School

\$ \_\_\_\_\_

37 l. Entertainment

\$ \_\_\_\_\_

38 m. Incidentals

\$ \_\_\_\_\_

39 n. Transportation, Gas, Auto Repair, and Insurance

\$ \_\_\_\_\_

40 o. Installment payments (list each below):





**SECTION 7: DECLARATION**

I declare under penalty of perjury that the foregoing, including any attachment, is true and correct and that this declaration is executed at [ ] Saipan [ ] Tinian [ ] Rota, on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

In addition, by my signature below, I hereby agree to make available to the CNMI Superior Court any and all documents within my possession, or within the possession of the Department of Revenue and Taxation, relating to my financial status.

\_\_\_\_\_

\_\_\_\_\_

**Print or Type Name**

**Signature**

**WARNING: A FALSE OR DISHONEST ANSWER TO A QUESTION IN THIS AFFIDAVIT MAY BE PUNISHABLE BY FINE AND IMPRISONMENT. See 8 CMC § 3306(a)—(d).**

\*Upon request by the Court, Petitioner shall submit documentation of income, which may be presented to the Court in the form of the Petitioner’s two most previous pay stubs.

