

1 Name:  
Address:

2 Phone:

3 *Pro Se,*

4 **IN THE SUPERIOR COURT**  
5 **OF THE**  
6 **COMMONWEALTH OF THE NORTHERN MARIANA ISLANDS**

7 Petitioner,

8 vs.

9 Respondent.

) FCD-\_\_\_\_ CIVIL ACTION NO.\_\_\_\_ - \_\_\_\_\_

) **MOTION AND ORDER TO**  
) **PROCEED IN FORMA PAUPERIS**

10 \_\_\_\_\_  
11 Due to financial difficulties and insufficient funding, I am unable to pay the court filing fee.  
12 Pursuant to 7 CMC §3205 and 8 CMC §1716, I am requesting the court to allow me to proceed with  
13 the above entitled action *In Forma Pauperis* or without payment of the court fee.

14 \_\_\_\_\_  
15 DATE

\_\_\_\_\_  PETITIONER

\_\_\_\_\_  RESPONDENT

16 **ORDER**

17  
18 On the basis of the In Forma Pauperis Statement mandated by 7 CMC §3205(a), and 8 CMC  
19 §1716, IT IS HEREBY ORDERED that this case proceed in the above entitled action as follows:

20  Without payment of the court filing fee.

Petitioner/Respondent shall make full payment and payable in  
installment of \$\_\_\_\_\_  Bi-Weekly or  Monthly

21  Granted Partial Payment: \$\_\_\_\_\_

Denied and make full payment of \$ \_\_\_\_\_

22  
23 SO ORDERED this \_\_\_\_\_.

24  
25 \_\_\_\_\_  
JUDGE