

Name: _____

Address: _____

City, State, Zip: _____

Phone: _____

Email: _____



Pahrump Justice Court

Nye County, Nevada

Case #: _____

Plaintiff,

VS.

Defendant.

CIVIL INFRACTION BOND WAIVER REQUEST

Application to Proceed in Forma Pauperis

I am unable to pay the costs of prosecuting or defending this action. I request permission to proceed without paying costs or fees pursuant to NRS 12.015 based on the following:

1. Public Assistance includes Medicaid, Nevada Check Up, SNAP (food stamp assistance), TANF, Low-income energy assistance, Child Care & Development Fund assistance. Please indicate whether or not you receive one or more of the above-listed benefits.

Yes, I receive one or more of the above-listed benefits.

Specifically: _____

No, I do not receive any of the above-listed benefits

2. Household Members: In my household, there are _____ adults (over 18) and _____ children (under 18) for a total of _____ people.

3. Income includes employment (include tips/overtime), unemployment, retirement, pension, social security, and child support. Please list all income for household members: (all numbers should be after taxes are taken out):

For each adult in the home, list net monthly income (after taxes):

| | |
|---------------------------------|----|
| My total income | \$ |
| Household Adult #1 total income | \$ |
| Household Adult #2 total income | \$ |
| Household Adult #3 total income | \$ |
| HOUSEHOLD TOTAL | \$ |

4. My basic monthly expenses include: *Fill out the chart below.*

| | |
|----------------------------------------------------------------------|----|
| Rent / Mortgage | \$ |
| Utilities (electric, gas, water, phone, other utilities) | \$ |
| Food | \$ |
| Child Care | \$ |
| Medical expenses (health insurance, co-pays, out-of-pocket expenses) | \$ |
| Transportation (bus fare, car, gas., insurance) | \$ |
| Other: | \$ |
| TOTAL | \$ |

5. Other Compelling Reason. *Explain why you cannot pay the bond.*

I declare under penalty of perjury under the law of the State of Nevada that the foregoing is true and correct.

DATED (month) _____ (day) _____ 20_____.

Submitted By: (Signature) _____

Printed Name: _____

FOR COURT USE ONLY

ORDER

Upon consideration of the movant's Application to Proceed in Forma Pauperis, and good cause appearing therefore,

*The Application to Proceed in Forma Pauperis is **GRANTED**. The applicant shall be permitted to proceed with fees and costs waived in this action as permitted by NRS 12.015.*

- The Application to Proceed in Forma Pauperis is **DENIED** for the following reasons:*
- The applicant is not indigent within the meaning of NRS 12.015*
 - The application was incomplete or not legible.*

Date

Justice of the Peace