

**UNITED STATES DISTRICT COURT  
DISTRICT OF CONNECTICUT**

**MOTION FOR LEAVE TO PROCEED IN FORMA PAUPERIS  
PURSUANT TO 28 U.S.C. §1915 – SOCIAL SECURITY DISABILITY APPEAL**

\_\_\_\_\_  
Plaintiff(s),

v.

Case No. \_\_\_\_\_

\_\_\_\_\_  
Defendant

I request leave to commence this civil action without prepayment of fees, costs, or security therefor pursuant to 28 U.S.C. §1915. In support of my request, I submit the attached financial affidavit and state that:

- (1) I am unable to pay such fees, costs, or give security therefor.
- (2) I am entitled to commence this action against the defendant(s).
- (3) I request that the Court serve the Complaint in this matter on the United States by electronic service of process.

\_\_\_\_\_  
Original Signature

\_\_\_\_\_  
Name (print or type)

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City                      State                      Zip Code

\_\_\_\_\_  
Telephone Number

**UNITED STATES DISTRICT COURT  
DISTRICT OF CONNECTICUT**

**FINANCIAL AFFIDAVIT IN SUPPORT OF  
MOTION FOR LEAVE TO PROCEED IN FORMA PAUPERIS  
PURSUANT TO 28 U.S.C. §1915 – SOCIAL SECURITY DISABILITY APPEAL**

\_\_\_\_\_  
Plaintiff(s),

v.

Case No. \_\_\_\_\_

\_\_\_\_\_  
Defendant.

I declare that:

- (1) I am unable to pay such fees, costs, or give security therefor.
- (2) I am entitled to commence this action against the defendant(s).

I further state that the responses I have made to the questions below relating to my ability to pay the cost of prosecuting this action and other matters are true.

**MARITAL STATUS**

Single \_\_\_\_ Married \_\_\_\_ Separated \_\_\_\_ Divorced \_\_\_\_

If separated or divorced, are you paying any support? Yes \_\_\_\_ No \_\_\_\_

Dependents: Spouse \_\_\_\_ Children # \_\_\_\_ Others # \_\_\_\_

Describe any others you support: \_\_\_\_\_

How many children **under the age of 18** do you support financially? \_\_\_\_\_

**RESIDENCE**

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip Code: \_\_\_\_\_ Telephone: \_\_\_\_\_

**EDUCATION**

Please circle the highest level of formal education you have received:

Grammar School K 1 2 3 4 5 6 7 8 High School 9 10 11 12

College 1 2 3 4 Post-Graduate 1 2 3 4

**INCOME**

If employed at present, complete the following:

Name of employer: \_\_\_\_\_

Address of employer: \_\_\_\_\_

How long have you worked for this employer? \_\_\_\_\_

Gross weekly income before taxes or other deductions: \_\_\_\_\_

If self-employed state gross weekly income before taxes and deductions: \_\_\_\_\_

What is the nature of your employment? \_\_\_\_\_

If unemployed at present, complete the following:

I have been unemployed since (DATE): \_\_\_\_\_

The name of my last employer: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone #: ( ) \_\_\_\_\_

Last gross weekly income received : \_\_\_\_\_

If spouse is employed, please complete the following:

Name of employer: \_\_\_\_\_

How long employed: \_\_\_\_\_

Gross weekly income before taxes or other deductions: \_\_\_\_\_

What is the nature of spouse's employment? \_\_\_\_\_

If receiving government cash benefits (such as SAGA or AFDC), complete the following:

I have been receiving these benefits since: \_\_\_\_\_

I am receiving \$ \_\_\_\_\_ per month for myself and the following family members \_\_\_\_\_.

If receiving social security, disability, workers' compensation or unemployment benefits, complete the following:

I have been receiving (TYPE) \_\_\_\_\_ benefits since (DATE) \_\_\_\_\_.

I am receiving \$ \_\_\_\_\_ per month.

Do you receive any other income, of any kind? Yes \_\_\_\_ No \_\_\_\_

If yes, how much? \$ \_\_\_\_\_ per \_\_\_\_\_ (week, month, or year)

What is the source of this income? \_\_\_\_\_

**ASSETS**

Do you own any real property, such as land or a house? Yes \_\_\_\_ No \_\_\_\_

If yes, what kind of property is it? \_\_\_\_\_

Property Address: \_\_\_\_\_

Whose name is the property in? \_\_\_\_\_

Estimated value: \_\_\_\_\_

Amount owed: \_\_\_\_\_ Owed to: \_\_\_\_\_  
Total: \_\_\_\_\_ Monthly payment \_\_\_\_\_  
Annual income from rental or other use of property: \_\_\_\_\_

Other property:

Automobile: Make \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_  
Registered owner(s) name(s): \_\_\_\_\_  
Present value of automobile: \_\_\_\_\_ Amount Owed: \_\_\_\_\_

Do you own any other valuable property, such as boats, motorcycles, or machinery?  
If yes, please describe the property and provide its estimated value:

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

Cash on hand:

Balance in savings, money market, and similar accounts: \_\_\_\_\_  
Balance in checking accounts: \_\_\_\_\_

Stocks, bonds, mutual funds or other investments owned:

Total value of investments: \_\_\_\_\_  
Describe the nature of the investments: \_\_\_\_\_

**OBLIGATIONS:**

Monthly rental on house or apartment:	\$ _____
Monthly mortgage payment on house:	\$ _____
Gas/heating oil bill per month:	\$ _____
Electric bill per month:	\$ _____
Phone bill per month:	\$ _____
Car payments per month:	\$ _____
Car insurance payments per month:	\$ _____
Other types of insurance payments per month:	\$ _____
Monthly payments on outstanding debts:	\$ _____
Please list: _____	\$ _____
Please list: _____	\$ _____
Please list: _____	\$ _____
Please list: _____	\$ _____
Alimony or child support payments:	\$ _____
Estimated monthly expenditure on food:	\$ _____
Estimated monthly expenditure on clothing:	\$ _____
Other necessary expenditures:	\$ _____
_____	\$ _____
<b>Total amount of monthly obligations:</b>	<b>\$ _____</b>

Do you owe any money other than mortgage or auto loans?  
List the amount of each debt below, and to whom it is owed.

Debt owed to: \_\_\_\_\_ \$ \_\_\_\_\_  
Debt owed to: \_\_\_\_\_ \$ \_\_\_\_\_  
Debt owed to: \_\_\_\_\_ \$ \_\_\_\_\_

Other information pertinent to financial status:

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**PREVIOUS LITIGATION:**

If you have ever filed a case in federal court, provide the following information for each case you have filed. **All prior cases must be listed.** If you need additional space, please continue on a separate sheet.

	Case Number	Case Caption	Disposition of Case
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

**DECLARATION UNDER PENALTY OF PERJURY**

I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct to the best of my knowledge and belief.

Date: \_\_\_\_\_

\_\_\_\_\_  
**Original Signature of Affiant**