

**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. _____

Commissioner of Social Security,
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. _____

Commissioner of Social Security,
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:	\$ _____
_____	\$ _____
Total amount of monthly obligations:	\$ _____

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:

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