

**IN THE COURT OF CHANCERY OF THE STATE OF DELAWARE  
IN AND FOR Please select a county**

In the Matter of:

\_\_\_\_\_

C.A.# \_\_\_\_\_  
**OR** C.M.# \_\_\_\_\_

**APPLICATION AND AFFIDAVIT TO PROCEED *IN FORMA PAUPERIS***

Under penalty of perjury, I \_\_\_\_\_ declare that all of the following information is true and correct in support of this application to proceed in the above-captioned matter without paying Court fees and costs, or give security therefore:

My date of birth is: \_\_\_\_\_

My current address is: \_\_\_\_\_

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

Because of my financial situation, I am unable to pay the costs of this proceeding or give security therefore. In support of that statement, I supply the following information:

1. Are you employed?  YES  NO  Self-employed

**IF "YES":**

a. Name and address of employer: \_\_\_\_\_

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

b. How often paid: \_\_\_\_\_

c. Take home pay per pay period: \_\_\_\_\_

**IF "NO"**

a. Name and address of last employer: \_\_\_\_\_

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

b. Date of last employment: \_\_\_\_\_

c. Take home pay per pay period: \_\_\_\_\_

2. List **ALL** income you have received **from any source** within the **last 12 months** and identify the source if it is not listed on the table below. (Attach additional pages if necessary.)

SOURCE OF INCOME	AMOUNT	WHEN RECEIVED	HOW OFTEN RECEIVED (one time or regular)
Business, profession or self-employment			
Rent payments			
Interest			
Dividends from stocks or bonds			
Retirement or annuity payments (i.e. disability, social security etc.)			
Bank account interest			
Gifts			
Other:			

3. If you have a spouse, list **ALL** income **YOUR SPOUSE** has received **from any source** within the **last 12 months** and identify the source if it is not listed on the table below. (Attach additional pages if necessary.)

SOURCE OF INCOME	AMOUNT	WHEN RECEIVED	HOW OFTEN RECEIVED (one time or regular)
Business, profession or self-employment			
Rent payments			
Interest			
Dividends from stocks or bonds			
Retirement or annuity payments (i.e. disability, social security etc.)			
Bank account interest			
Gifts			
Other:			

4. List **ALL** property owned, whether held in your name alone or jointly with anyone else. (Attach additional pages if necessary.)

<b>PROPERTY</b>	<b>VALUE</b>	<b>IF OWNED JOINTLY NAME AND ADDRESS OF JOINT OWNER</b>
Cash		
Bank Accounts		
Stocks or Bonds		
Automobile and other vehicles		
Real Estate		
Other valuable property (except ordinary household furnishings and clothes)		
Other:		

5. List **ALL** debts and monthly expenses. (Attach additional pages if necessary.)

<b>DESCRIPTION OF DEBTS AND MONTHLY EXPENSES, BILLS</b>	<b>TOTAL DEBT</b>	<b>MONTHLY PAYMENT</b>

6. List names and addresses of all dependents, persons you actually support, (children or other) and their relationship to you. (Attach additional pages if necessary.)

<b>DEPENDENTS NAME AND ADDRESS</b>	<b>AGE</b>	<b>RELATIONSHIP TO YOU</b>

7. **ONLY IF YOU ARE INCARCERATED**, complete all parts of this question. If you are **NOT** incarcerated, do not complete this question.

- a. **ATTACH** a Department of Correction certified statement of your inmate account that includes all account activity for the 6-month period immediately before the filing of this application, **OR** for the entire time you have been incarcerated, whichever time is less.
- b. At any time while incarcerated or detained at any facility, have you previously brought an action or an appeal in a federal court or in any court in this State?  
 YES       NO

If "**YES**" complete the table below:

NAME OF COURT	CIVIL ACTION OR APPEAL NUMBER	OUTCOME

- d. If your complaint relates to a condition of confinement, you **MUST** have fully exhausted all administrative remedies available through the institutional grievance procedure.  
Have you exhausted all administrative remedies?  YES  NO

If "**YES**" **ATTACH** copies of all decisions in the administrative process.  
If "**NO**" do not file the complaint in this matter or this application.

8. Have you previously filed an application to proceed in forma pauperis in the Court of Chancery?  YES  NO

If "**YES**" state the case number(s) and outcome(s) of your previous application:

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I, Error: Reference source not found, swear or affirm that all of the above information is true and correct and is made under penalty of perjury.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

I understand that if the Court directs that I pay certain fees and court costs but dismisses my complaint or claim, the Court keeps the power over me until all costs and fees are paid.

**SWORN TO AND SUBSCRIBED** before me on this date: \_\_\_\_\_

\_\_\_\_\_  
Notary Public or Clerk of the Court

**IT IS SO ORDERED** this \_\_\_\_ day of \_\_\_\_\_, 20\_\_, The following Court Costs are hereby waived:

Filing Fees       Attorney Ad Litem Fees       Court Costs

\_\_\_\_\_  
(Vice) Chancellor/Master