Name:_		
City, St	tate, Zip:	
Teleph	one:	
Email A	Address:	
Self-Re	epresented	
STATE Plainti	E OF NEVADA ff,	Bunkerville Justice Court Clark County, Nevada
VS.		Case No.:
C	itation Holder,	Application In Forma Pauperis Civil Traffic Infraction
	* •	costs of prosecuting or defending this action. I request permission to proceed or fees pursuant to NRS 12.015 based on the following:
1.	income energy a	ce includes Medicaid, Nevada Check Up, SNAP (food stamp assistance), TANF, Low-ssistance, Child Care & Development fund assistance. Please indicate whether or not or more of the above listed benefits.
	Yes, I receiv	ve one or more of the above listed.
	Specify_	
	No, I do not	receive any of the above listed benefits.
2.		nbers: In my household there areadults (over 18) and 18) for a total ofpeople.
3.		s employment (include tips/overtime), unemployment, retirement, pension, social apport. Please list all income for household members (all amounts listed should be after out.):

Monthly Household Income			
Adult #1 Monthly Income	\$		
Adult #2 Monthly Income	\$		
Adult #3 Monthly Income	\$		
Adult #4 Monthly Income	\$		
Adult #5 Monthly Income	\$		
TOTAL MONTHLY HOUSEHOLD INCOME	\$		

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

Monthly Expenses			
Rent / Mortgage	\$		
Utilities (electricity, gas, phone, other utilities)	\$		
Food	\$		
Child Care	\$		
Medical Expenses (including health insurance)	\$		
Transportation (insurance, gas, bus fare, etc.)	\$		
Other	\$		
TOTAL MONTHLY EXPENSES	\$		

5. Other Compelling Reason	n, Explain why you cannot pay the filling fee.	
o. outer compening rouser	19 23 plant with you cannot pay the filling too.	
I declare under penalty of perj correct.	jury under the law of the State of Nevada that the	he foregoing is true and
Printed Name	Signature	Date
You may electronically sign and sor Fax it to 702-346-7212	submit this form, or you may email it to Bunkervilled	JCPR@clarkcountynv.gov
	FOR COURT USE ONLY	
II '1 4' C4	COURT ORDER	1 .
Upon consideration of the movant therefore,	t's Application to Proceed in Forma Pauperis, and go	od cause appearing
The Application to Pro	occed in Forma Pauperis is GRANTED . The applica	
*	es and costs waived in this action as permitted by NR roceed in Forma Pauperis is DENIED for the following	
**	nt is not indigent within the meaning of NRS 12.01.5.	0
The applicat	tion was incomplete or not legible.	
Date	Justice of the Peac	e/Clerk of the Court