

Name: _____

Address: _____

City, State, Zip: _____

Telephone: _____

Email Address: _____

Self-Represented

**Searchlight Justice Court
Clark County, Nevada**

STATE OF NEVADA
Plaintiff,

vs.

Case No.: _____

Citation Holder,

Application In Forma Pauperis Civil Traffic Infraction

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 on or more of the above listed benefits.

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

Specify _____

___ 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, child support. Please list all income for household members (all amounts listed should be after taxes are taken 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,** Explain why you cannot pay the filing fee.

| |
|--|
| |
| |
| |
| |

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

Printed Name Signature Date

You may electronically sign and submit this form, or you may email it to SearchlightJCPR@clarkcountynv.gov or Fax it to 702-297-1022.

FOR COURT USE ONLY
COURT 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 application 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 12.01.5.

The application was incomplete or not legible.

Date

Justice of the Peace/Clerk of the Court