

4-222. Application for free process and affidavit of indigency.

[For use with Supreme Court General Rule 23-114]

**STATE OF NEW MEXICO
COUNTY OF MCKINLEY
ELEVENTH JUDICIAL DISTRICT COURT**

No. _____

Petitioner,

v.

Respondent.

APPLICATION FOR FREE PROCESS AND AFFIDAVIT OF INDIGENCY

I request that the court enter an order permitting me to file this case without prepayment of fees and costs and give upon my oath or affirmation the following statement.

My marital status is: Single ____ Married ____ Divorced ____ Separated ____
Widowed____

I request interpretation services: ____ yes ____ no (If yes, please describe what you need:

INFORMATION ABOUT MY FINANCES (check all that apply to you and fill in the blanks):

A. PUBLIC ASSISTANCE

____ I do not receive public assistance (If you check this blank, go directly to Section B EMPLOYMENT/UNEMPLOYMENT).

- ____ I currently receive the following public assistance in _____ County (please check all applicable public assistance programs):
 ____ Temporary Assistance for Needy Families (TANF) ____ Food Stamps
 ____ Medicaid
 ____ General Assistance (GA)
 ____ Supplemental Security Income (SSI)
 ____ Social Security Disability Income (SSDI)
 ____ Public Housing
 ____ Disability Security Income (DSI)
 ____ Department of Health Case Management Services (DHMS)
 ____ Other (please describe _____)

B. EMPLOYMENT/UNEMPLOYMENT

___ I am currently unemployed and have been unemployed for ___ months in the past year. I am unemployed because

_____.

___ I receive unemployment benefits in the amount of \$ _____ per month.

___ I have no income because I am unemployed.

___ I am employed.

My employer's name, address and phone number is:

I am paid weekly ___ every other week ___ twice a month ___ once a month ___.

When I am paid my net take-home pay minus deductions required by law like state and federal tax withholding and FICA is \$ _____.

___ I am married, and my spouse is unemployed and has been unemployed for ___ months in the past year because

_____.

___ My spouse receives unemployment benefits in the amount of \$ _____ per month.

___ I am married, and my spouse is employed.

My spouse's employer's name, address and phone number is:

My spouse is paid weekly ___ every other week ___ twice a month ___ once a month ___. When my spouse is paid his or her net take home pay minus deductions required by law like state and federal tax withholding and FICA is \$ _____.

C. OTHER SOURCES OF INCOME

___ I have income from another source not mentioned above.

___ Child Support \$ _____

___ Alimony \$ _____

___ Investments \$ _____

___ Community property from my spouse \$ _____

___ Other _____ \$ _____

___ I do not have any other sources of income.

___ I am married, and my spouse has income from another source not mentioned above.

___ Child Support \$ _____

___ Alimony \$ _____

___ Investments \$ _____

___ Other _____ \$ _____

___ Other _____ \$ _____

_____ I am married, and my spouse does not have any other sources of income.

D. OTHER ASSETS (Please list other assets owned by you or your spouse that can be turned into cash. Do not include money you have in retirement accounts):

Cash on hand \$ _____
Bank accounts \$ _____
Income tax refund \$ _____
Other assets (describe below):
_____ \$ _____
_____ \$ _____

IF YOU DO NOT HAVE ACCESS TO YOUR OWN OR YOUR SPOUSE'S INCOME OR ASSETS, EXPLAIN WHY.

E. MONTHLY EXPENSES

House Payment/Rent \$ _____
Utilities \$ _____
Telephone \$ _____
Groceries (after food stamps) \$ _____
Car Payment(s) \$ _____
Gasoline \$ _____
Insurance \$ _____
Child Care \$ _____
Student and Consumer Loans \$ _____
Court-ordered family support obligations \$ _____
Other court-ordered payments \$ _____
Medical expenses \$ _____
Other _____ \$ _____

F. HOUSEHOLD

I live at _____,

and the head of the household is _____.

Other than myself, the other members of the household are:

<u>Name</u>	<u>Age</u>	<u>Employment</u>	<u>I Support</u>
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_____	_____	_____	()
_____	_____	_____	()
_____	_____	_____	()
_____	_____	_____	()
_____	_____	_____	()
_____	_____	_____	()
_____	_____	_____	()

This statement is made under oath. I hereby state that the above information regarding my financial condition is correct to the best of my knowledge. I hereby authorize the Court to obtain information from financial institutions, employers, relatives, the federal internal revenue service and other state agencies. If at any time the Court discovers that information in this application for free process was false, misleading, inaccurate, or incomplete at the time the application was submitted, the Court may require me to pay for any costs or fees that were waived under an order of free process that was granted based on the information in this application.

 (Signature)

 (Print Name)
 _____Petitioner _____Respondent
 (Pro Se)

 (Street Address)

 (City, State, Zip Code)

 (Telephone)

State of _____
 _____) ss
 County of _____)

Signed and sworn to (or affirmed) before me on _____ (date) by
 _____ (name of applicant).

 Notary

4-223. Order for free process.

[For use with Supreme Court General Rule 23-114]

**STATE OF NEW MEXICO
COUNTY OF MCKINLEY
ELEVENTH JUDICIAL DISTRICT COURT**

No. _____

Petitioner,

v.

Respondent.

ORDER ON APPLICATION FOR FREE PROCESS

THIS MATTER having come before the court on Petitioner's application for free process and affidavit of indigency, and the court being otherwise advised in the premises,

FINDS that:

- the applicant receives public assistance and is, therefore, entitled to free process.
- the applicant's annual income does not exceed one hundred and fifty percent (150%) of the federal poverty guidelines, and the applicant is, therefore, entitled to free process.
- on the basis of the applicant's available funds or annual income, the applicant is not entitled to free process.

THE COURT ORDERS that:

- the filing fee is waived.
 - the filing fee is waived except for the \$_____ alternative dispute resolution (ADR) fee.
- the applicant is granted free service of process by the Sheriff in _____ County, New Mexico for 1 2 3 4 5 or _____ summons(es), provided that the applicant first attempts service by certified mail pursuant to Rule 1-004 NMRA.
- the applicant is granted free service by the Sheriff in _____ County, New Mexico, of a temporary restraining order or _____.
- the applicant is to pay the filing fee on _____, 20_____.
- interpretation services shall be provided to the applicant.
- free process is denied.
- Other:

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Unless specifically granted above, this order of free process does not include the following costs: jury fees, certification fees, subpoena fees for witnesses, witness fees for hearings or trials, mailings, long distance charges, transcripts for appeals or record proper, duplication fees for audiotapes or compact discs, copy charges, publication fees, or facsimile services. Application for all other costs are to be made to the judge assigned to your case. If the applicant prevails in this law suit and collects money by judgment or settlement, the court is to be reimbursed for any waived costs. **This order is subject to revision, modification or rescission by the judge assigned to your case.**

JUDGE