

INSTRUCTIONS FOR COMPLETING APPLICATION TO PROCEED IN DISTRICT COURT WITHOUT PREPAYING FEES OR COSTS

The *Application to Proceed in District Court without Prepaying Fees or Costs* form must be completed if a person cannot afford to pay the filing fee. The judge will use the information from the form to decide if the filing fee will be waived or not.

Use the example below as guide to complete the *Application to Proceed in District Court without Prepaying Fees or Costs* form.

AO 240 (Rev. 07/10) Application to Proceed in District Court Without Prepaying Fees or Costs (Short Form)

UNITED STATES DISTRICT COURT
for the
Eastern District of Michigan

JANE SMITH PLAINTIFF NAME)
Plaintiff/Petitioner)
v.)
JOHN DOE DEFENDANT NAME)
Defendant/Respondent)

Civil Action No. **18-12345** CASE NUMBER

APPLICATION TO PROCEED IN DISTRICT COURT WITHOUT PREPAYING FEES OR COSTS
(Short Form)

I am a plaintiff or petitioner in this case and declare that I am unable to pay the costs of these proceedings and that I am entitled to the relief requested.

In support of this application, I answer the following questions under penalty of perjury:

1. *If incarcerated.* I am being held _____.
If employed there, or have an account in the institution, I have attached to this document a statement certified by the appropriate institutional officer showing all receipts, expenditures, and balances during the last six months for any institutional account in my name. I am also submitting a similar statement from any other institution where I was incarcerated during the last six months.

2. *If not incarcerated.* If I am employed, my employer's name and address are:
NAME OF EMPLOYER AND ADDRESS
ABC COMPANY, 82 OVERTON BLVD, DETROIT MI 48251

My **gross pay** or wages are: \$ **1,000.00**, and my **take-home pay** or wages are: \$ **750.00** per
(specify pay period) **Every 2 Weeks** WRITE HOW OFTEN YOU ARE PAID

3. *Other Income.* In the past 12 months, I have received income from the following sources *(check all that apply)*:
INDICATE IF YOU RECEIVE ANY ADDITIONAL INCOME

(a) Business, profession, or other self-employment	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(b) Rent payments, interest, or dividends	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(c) Pension, annuity, or life insurance payments	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(d) Disability, or worker's compensation payments	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(e) Gifts, or inheritances	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(f) Any other sources	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

If you answered "Yes" to any question above, describe below or on separate pages each source of money and state the amount that you received and what you expect to receive in the future.

SOURCE OF INCOME, HOW MUCH AND HOW OFTEN
CHILD SUPPORT - \$200.00 per month

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AMOUNT OF MONEY YOU HAVE IN A CHECKING OR SAVINGS ACCOUNT

4. Amount of money that I have in cash or in a checking or savings account: \$100.00.

5. Any automobile, real estate, stock, bond, security, trust, jewelry, art work, or other financial instrument or thing of value that I own, including any item of value held in someone else's name (*describe the property and its approximate value*):

WRITE ANYTHING YOU OWN OF VALUE AND HOW MUCH IT IS WORTH APPROXIMATELY

CAR - \$2,000.00

6. Any housing, transportation, utilities, or loan payments, or other regular monthly expenses (*describe and provide the amount of the monthly expense*):

MONTHLY EXPENSES - NAME OF EXPENSE AND HOW MUCH PAID EACH MONTH

RENT - \$600.00

UTILITIES - \$200.00

CAR INSURANCE - \$150.00

GAS - \$100.00

CABLE - \$45.00

CELL PHONE - \$50.00

CREDIT CARD - \$25.00

FOOD - \$200.00

7. Names (*or, if under 18, initials only*) of all persons who are dependent on me for support, my relationship with each person, and how much I contribute to their support:

**NAME OF PEOPLE WHO DEPEND ON YOU FOR SUPPORT,
RELATIONSHIP AND HOW MUCH IS PAID TO SUPPORT THEM.**

MS - Daughter - \$600.00

8. Any debts or financial obligations (*describe the amounts owed and to whom they are payable*):

OTHER DEBT

STUDENT LOAN - \$2,500.00

Declaration: I declare under penalty of perjury that the above information is true and understand that a false statement may result in a dismissal of my claims.

Date: 1/1/2019 **DATE**

JANE SMITH

Applicant's signature

JANE SMITH

PLAINTIFF NAME

Printed name