# UNITED STATES DISTRICT COURT WESTERN DISTRICT OF MISSOURI

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Pl	ain	tiff
		ULL L

vs.

Defendant

Case No.

# AFFIDAVIT OF FINANCIAL STATUS

I, \_\_\_\_\_, declare that I am the plaintiff in this case, that because of my poverty I am unable to pay the costs of these proceedings, and that I believe I am entitled to relief.

I further swear that the responses which I have made to the questions below and the information I have given relating to my ability to pay the costs of commencing and prosecuting this action are true.

### I. MARITAL STATUS AND PERSONAL DATA

A.	Single: Married: Divorced:		
B.	Name of Spouse		
C.	Age of plaintiff, petitioner or complainant:		
D.	Age of spouse:		
E.	Address of plaintiff, petitioner or complainant:		
	Telephone:		
F.	Address of spouse:		
	Telephone:		

G. State name or names of dependents who live with you, their age, address, relationship, and how much of their monthly support you provide:

### II. EMPLOYMENT

Α.	Name of employer:			
	Address of employ	/er:		
	Employer's telephone: Length of employme			
	Net Income:	Monthly \$	Weekly \$	
	Gross Income:	Monthly \$	Weekly \$	
	Does employer provide health insurance:		Yes No	
	If employer provides health insurance, describe coverage:			

B. Previous employment (Answer only if presently unemployed).

	Name of employer:			
	Address of employer:			
	Employer's telephone: Length of employment:			
	Job title or description:			
	Net Income:	Monthly \$	Weekly \$	
	Gross Income:	Monthly \$	Weekly \$	
C.	Employment of sp	ouse:		
	Name of employer			

	Address of employer:		
	Employer's telephone: Length of employment:		
	Job title or description:		
	Net Income:   Monthly \$   Weekly \$		
	Gross Income: Monthly \$ Weekly \$		
	<b>NCIAL STATUS</b> er questions on behalf of both the plaintiff, petitioner or complainant and spouse).		
A.	Owner of real property? Yes No		
	If yes - Description:		
	Address:		
	In whose name?		
	Estimated value:		
	Total amount owed:		
	Owed to:		
	Annual income from property:		
B.	Owner of automobile: Yes No		
	If yes - Number of automobiles owned:		
	Make Model Year		
	Make Model Year		
	In whose name registered?		
	Present value:		
	Amount owed on the automobile(s):		
	Owed to:		
	Monthly payment(s):		

III.

Cash on hand: (Include checking and savings a	h on hand: (Include checking and savings accounts)		
\$			
List names and addresses of banks and associa	tions:		
Please do not state account numbers:			
Have you received within the past 12 months any money from any of the			
following sources:	Yes	No	
Rent payments, interest or dividends:			
Pensions, trust funds, annuities or life insurance payments?	_		
Gifts or inheritances?			
Welfare payments?			
ADC or other governmental child support?			
Unemployment benefits?			
Social Security benefits?			
Other sources?			

E. If the answer to any item in D above was "Yes", describe each source of money and state the amount received from each during the past 12 months:

#### **IV. OBLIGATIONS**

A. M	onthly rental on house or apartment:
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B. Monthly mortgage payments on house:

Amount of equity in house:

C.	Monthly mortgage payments on other properties: \$		
	Amount of equity in other properties: \$		
D.	Household expenses:		
	Monthly grocery expense:		
	Monthly utilities:		
	Gas:		
	Electric:		
	Water:		
	Other: (Specify)		

E. Other debts and miscellaneous monthly expenses:

TO WHOM OWED AND FOR WHAT REASON INCURRED?	Monthly Payments	BALANCE DUE

V. OTHER INFORMATION PERTINENT TO FINANCIAL STATUS (Include information regarding stocks, bonds, savings bonds, either individually or jointly owned). I understand that a false statement or answer to any question in this affidavit will subject me to penalties of perjury.

Signature of Plaintiff

## VERIFICATION

 State of \_\_\_\_\_\_ )

 County of \_\_\_\_\_\_ )

I, being first duly sworn under oath, state that I know the contents of this affidavit and that the information contained in the affidavit is true to the best of my knowledge and belief.

Signature of Plaintiff or Plaintiffs

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#### All parties must verify

SUBSCRIBED AND SWORN TO before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_

Notary Public

My Commission Expires