

Family Court
For the State of Delaware



AFFIDAVIT IN SUPPORT OF APPLICATION TO
PROCEED *IN FORMA PAUPERIS*

<http://courts.delaware.gov/family/>



PROCEEDINGS *IN FORMA PAUPERIS*

- Please complete all portions of the attached application
- All requests for information must be supplied, if possible. Failure to supply information may result in a denial of your Application to Proceed *In Forma Pauperis*.
- **Approval of this application will result in the waiver of fees for filing and notice/publication only.**



The Family Court of the State of Delaware

In and For ☐ New Castle ☐ Kent ☐ Sussex County

AFFIDAVIT IN SUPPORT OF APPLICATION TO PROCEED IN FORMA PAUPERIS

<i>Petitioner</i>	<i>v. Respondent</i>	
Name	Name	File Number
Street Address (including Apt)	Street Address (including Apt)	
P.O. Box Number	P.O. Box Number	Petition Number
City/State/ Zip Code	City/State/Zip Code	
Attorney Name	Attorney Name	

I, _____, being first duly sworn, depose and say that I am
the ☐ Petitioner ☐ Respondent in the matter of _____ .
In support of my application to proceed without paying Court fees and costs, or give security, I state:

My date of birth is: _____

My current address is: _____

**Because of my financial situation, I am unable to pay the costs of this proceeding or
give security. In support of that statement, I supply the following information:**

1. Are you presently employed? ☐ Yes ☐ No
(If your answer is no, please skip to question 3)

2. If Yes, state:

a. The name and address of your employer:

b. State how often you are paid:

c. State the amount of your take home pay per pay period:



*** If employed, you must attach a recent pay-stub or other documentation of income.**

3. If you are not employed, state:

a. Name and address of last employer:

b. Location and date of last employment:

4. If you are not employed, please state the reason why:

5. If you are not employed, please list any government benefits that you currently receive (SSDI, food stamps, TANF, etc.):

Type of Benefit (SSDI, TANF, etc.)	Monthly Amount Received

6. State whether you have received any income (dividends, rent, savings, interest, etc.), gifts, such as stocks, bonds or cash, from any source in the last 12 months:

☐ Yes ☐ No

7. If yes, state:

Amount of income or value of gift	Date Received	From Whom Received

8. List all property owned, whether held in your name alone or jointly with anyone else:

a. Real estate:

b. Property (stocks, bonds, bank accounts, vehicles):



- c. Name and address of any joint owner, designating which property is jointly owned and name and relationship to joint owner:

9. If you have a spouse, state:

- a. Amount of income received:

- b. Source:

- c. Frequency income is received:

10. Itemize debts and regular monthly expenses:

Debt/Expense	Monthly Amount

11. List names, ages and addresses of any dependents:

Name	Age	Address

I, _____ swear or affirm that the above information is true and correct and is made under penalty of perjury.

DATE

SIGNATURE

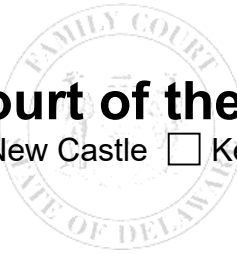
PRINT NAME

Sworn to subscribed before me this _____ day of _____, _____

Clerk of Court/ Notary Public

Date





The Family Court of the State of Delaware

In and For ☐ New Castle ☐ Kent ☐ Sussex County

IN RE:

Petitioner,

VS.

Respondent

File Number: _____

Petition Number: _____

ORDER ON APPLICATION TO PROCEED *IN FORMA PAUPERIS*

The Court has reviewed the Petitioner's application and, if necessary, has questioned the Petitioner under oath. Petitioner's application is hereby:

☐ Granted. The Court waives all fees and costs associated with the filing and notice of this action. This does not include waiver of transcript fees.

☐ This Order also does not include a waiver of publication costs.

☐ Granted in part. _____

☐ Denied. _____

Petitioner must pay all fees and costs associated with the filing and notice of this action. **Please remit payment to the cashier's office.**

If the above provisions are not completed within 30 days of the date of this Order, the underlying petition is dismissed pursuant to this Order.

IT IS SO ORDERED, this _____ day of _____, _____.

Judge/Commissioner Signature

Judge/Commissioner Print Name

PAYMENT IS DUE ON OR BEFORE _____

cc: Petitioner

Remit payment to: ☐ Cashier's Office, 500 N. King Street, Wilmington, DE 19801

☐ 400 Court Street, Dover, DE 1990

☐ 22 The Circle, Georgetown, DE 19947

Date mailed: _____