

**Form 4. Affidavit Accompanying Motion for Permission to Appeal *In Forma Pauperis***

United States District Court for the \_\_\_\_\_ District of \_\_\_\_\_

A.B., Eliot I. Bernstein, Individually

*Plaintiff,*

Docket No.:

08-4873-cv

v.

C.D., STATE OF NEW YORK, THE OFFICE OF COURT ADMINISTRATION  
OF THE UNIFIED COURT SYSTEM, et al.

*Defendant.*

| <b>Affidavit in Support of Motion</b>  | <b>Instructions</b>   |
|--|---|
| <p>I swear or affirm under penalty of perjury that, because of my poverty, I cannot repay the docket fees of my appeal or post a bond for them. I believe I am entitled to redress. I swear or affirm under penalty of perjury under United States laws that my answers on this form are true and correct. (28 U.S.C. § 1746; 18 U.S.C. § 1621.</p> <p>Signed: _____</p> | <p>Complete all questions in this application and then sign it. Do not leave any blanks: if the answer to a question is “O,” “none,” or “not applicable” (“N/A”), write in that response. If you need more space to answer a question or to explain your answer, attach a separate sheet of paper identified with your name, your case docket number, and the question number.</p> <p>Date: _____</p> |

My issues on appeal are: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

1. For both you and your spouse, estimate the average amount of money received from each of the following sources during the last twelve (12) months. Adjust any amount that was received weekly, biweekly, quarterly, semiannually, or annually to show the monthly rate. Use gross amounts, that is, amounts before any deductions for taxes or otherwise.

| <u>Income Source</u>                                     | <u>Average Monthly<br/>Amount During<br/>the Past<br/>Twelve (12) Months</u> | <u>Amount<br/>Expected<br/>Next Month</u> |
|--|--|---|
|  | <u>YOU</u>   | <u>YOU</u>                                |
| Employment   | \$ _____   | \$ _____                                  |
| Self-employment  | \$ _____   | \$ _____                                  |
| Income from real property (such as rental income)        | \$ _____   | \$ _____                                  |
| Interest and dividends                                   | \$ _____   | \$ _____                                  |
| Gifts  | \$ _____   | \$ _____                                  |
| Alimony  | \$ _____   | \$ _____                                  |
| Child support  | \$ _____   | \$ _____                                  |
| Retirement (such as social security, insurance payments) | \$ _____   | \$ _____                                  |
| Unemployment payments                                    | \$ _____   | \$ _____                                  |
| Public Assistance (such as "Welfare")                    | \$ _____   | \$ _____                                  |
| Other (specify): _____                                   | \$ _____   | \$ _____                                  |
| Total Monthly Income:                                    | \$ _____   | \$ _____                                  |

2. List your employment history, most recent employer first. (Gross monthly pay is before taxes or other deductions.)

| <u>Employer</u> | <u>Address</u> | <u>Dates of<br/>Employment</u> | <u>Gross<br/>Monthly Pay</u> |
|-----------------|----------------|--------------------------------|------------------------------|
| _____           | _____          | _____                          | _____                        |
| _____           | _____          | _____                          | _____                        |
| _____           | _____          | _____                          | _____                        |

3. List your spouse's employment history, most recent employer first. (Gross monthly pay is before taxes or other deductions.)

| <u>Employer</u> | <u>Address</u> | <u>Dates of<br/>Employment</u> | <u>Gross<br/>Monthly Pay</u> |
|-----------------|----------------|--------------------------------|------------------------------|
| _____           | _____          | _____                          | \$ _____                     |
| _____           | _____          | _____                          | \$ _____                     |
| _____           | _____          | _____                          | \$ _____                     |

4. How much cash do you or your spouse have? \$\_\_\_\_\_.

| <u>Financial Institution</u> | <u>Type of Account</u> | <u>Amount You Have</u> | <u>Amount Your Spouse Has</u> |
|------------------------------|------------------------|------------------------|-------------------------------|
| _____                        | _____                  | \$ _____               | \$ _____                      |
| _____                        | _____                  | \$ _____               | \$ _____                      |
| _____                        | _____                  | \$ _____               | \$ _____                      |

If you are a prisoner, you must attach a statement certified by the appropriate institutional officer showing all receipts, expenditures, and balances during the last six months in your institutional accounts. If you have multiple accounts, perhaps because you have been in multiple institutions, attach one certified statement of each account.

5. List the assets and their values which you own or your spouse owns. Do not list clothing and ordinary household furnishings.

| <u>Home (value)</u> | <u>Other Real Estate</u> | <u>Motor Vehicle #1 (value)</u>           |
|---------------------|--------------------------|---|
| _____               | _____                    | Make & Year: _____<br>Registration: _____ |
| _____               | _____                    | _____                                     |
|                     |                          | <u>Motor Vehicle #1 (value)</u>           |
|                     |                          | Make & Year: _____<br>Registration: _____ |
|                     |                          | _____                                     |

6. State every person, business, or organization owing you or your spouse money, and the amount owed.

| <u>Person Owing You or Your Spouse Money</u> | <u>Amount Owed You</u> | <u>Amount Owed to Your Spouse</u> |
|--|------------------------|-----------------------------------|
| _____  | _____                  | _____                             |
| _____  | _____                  | _____                             |

7. State the persons who rely on you or your spouse for support.

| <u>Name</u> | <u>Relationship</u> | <u>Age</u> |
|-------------|---------------------|------------|
| _____       | _____               | _____      |
| _____       | _____               | _____      |

8. Estimate the average monthly expenses of you and your family. Show separately the amounts paid by your spouse. Adjust any payments that are made weekly, biweekly, quarterly, semiannually, or annually to show the monthly rate.

|   | <u>YOU</u> | <u>YOUR SPOUSE</u> |
|---|------------|--------------------|
| Rent or home mortgage payment (include lot rented for mobile home)                          | \$ _____   | \$ _____           |
| Are real estate taxes included? Yes [ ] No [ ]  | \$ _____   | \$ _____           |
| Utilities (electricity, heating fuel, water, sewer and telephone)                           | \$ _____   | \$ _____           |
| Home maintenance (repairs and upkeep)   | \$ _____   | \$ _____           |
| Food  | \$ _____   | \$ _____           |
| Clothing  | \$ _____   | \$ _____           |
| Laundry and Dry Cleaning  | \$ _____   | \$ _____           |
| Medical and Dental expenses   | \$ _____   | \$ _____           |
| Transportation (not including motor vehicle payments)                                       | \$ _____   | \$ _____           |
| Recreation, entertainment, newspapers, magazines, etc.                                      | \$ _____   | \$ _____           |
| Insurance (not deducted from wages or included in Mortgage payments)                        | \$ _____   | \$ _____           |
| Homeowner's or Renter's   | \$ _____   | \$ _____           |
| Life  | \$ _____   | \$ _____           |
| Health  | \$ _____   | \$ _____           |
| Motor Vehicle   | \$ _____   | \$ _____           |
| Other : _____   | \$ _____   | \$ _____           |
| Taxes (not deducted from wages or included in Mortgage payments (specify)): _____           | \$ _____   | \$ _____           |
| Installments payments   | \$ _____   | \$ _____           |
| Motor Vehicle   | \$ _____   | \$ _____           |
| Credit Card (name): _____   | \$ _____   | \$ _____           |
| Department Store (name): _____  | \$ _____   | \$ _____           |
| Other: _____  | \$ _____   | \$ _____           |
| Alimony, maintenance, and support paid to others  | \$ _____   | \$ _____           |
| Regular expenses for operation of business, profession, or farm (attach detailed statement) | \$ _____   | \$ _____           |
| Other (specify): _____  | \$ _____   | \$ _____           |

9. Do you expect any major changes to your monthly income or expenses or in your assets or liabilities during the next 12 months? Yes  No . If yes, how much \$\_\_\_\_\_.

If yes, state the attorney's name address, and telephone number.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

10. Have you paid—or will you be paying—an attorney any money for services in connection with this case, including the completion of this form? Yes  No . If yes, how much? \$\_\_\_\_\_.

If yes, state the attorney's name address, and telephone number.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

11. Have you paid—or will you be paying—anyone other than an attorney (such as a paralegal or a typist) any money for services in connection with this case, including the completion of this form? Yes  No . If yes, how much? \$\_\_\_\_\_.

If yes, state the person's name address, and telephone number.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

12. Provide any other information that will help explain why you cannot pay the docket fees for your appeal.

13. State the address of your legal residence: \_\_\_\_\_

Your daytime phone number: \_\_\_\_\_

Your Age: \_\_\_\_\_

Your years of schooling: \_\_\_\_\_

Your Social Security Number: \_\_\_\_\_