AOC-026 Doc. Code: AFP Rev. 10-18		HUTH CELE	Case No	
Page 1 of 3	a tex spanitic *		Court	
Commonwealth of Kentucky		AT OF JUST	County	
Court of Justice www.courts.ky.gov	MOTION FOR WAIVER OF COSTS AND FEES AND			
KRS 453.190; CR 5.05(4)		TO PROCEED <i>IN FORMA PAUPERIS</i> ; AFFIDAVIT; FINANCIAL STATEMENT; AND ORDER		
			PLAINTIFF/PE	TITIONER
VS.				
V3:				
			DEFENDANT/F	RESPONDENT
Motion for Waiver of Costs and Fo the Court waive them and allow Affi Affiant hereby submits the following	ant to proceed <i>in form</i>	a pauperis.	f this action and he	ereby requests that
,				
ADDRESS:				
DOB:	Telephone:()		
		IE/MONTHLY EXPENSES	5	
1. Are you employed?	I-time. 🛛 Yes, pa	art-time. Do.		
Employer name and address:				
2. Marital status:	If married	. spouse's name:		
3. Number of dependents (children,				
4. If married, is spouse employed? divorce proceeding.	□ Yes □ NO. If yes,	include spouse's income	and expenses bei	ow unless this is a
Monthly Income		Monthly Expenses		
Gross salary (before deductions)	\$	☐ Mortgage ☐ Rent	navment	\$
Public/Gov't assistance:	*			\$
Food stamps/SNAP	\$	Utilities <u>(electric/gas)</u>		
TANF	\$	Water/Sewer/Trash		\$
K-TAP	\$	Food		\$
KCHIP	\$	Phone(s) (landline an	d/or cell)	\$
LIHEAP	\$	Internet		\$
WIC	\$	Cable/Satellite		\$
Child Care Assistance	\$	Transportation		\$
Foster care	\$	Clothing/Shoes		\$
Other	\$	Vehicle payment(s)		\$
Social Security (SSI/SSD)	\$ \$		141 1	
Worker's Compensation	ф.	Insurance (vehicle, hea	,	\$
Unemployment Retirement/Pension	\$ \$	- Credit card payment(s) \$		
Child support	\$ \$	Unreimbursed childca	ire	\$
Maintenance/Alimony	\$	Tuition/student loans \$		
Stocks, trusts, bonds	\$			
Student financial aid	\$	Child support \$		
Other	\$	Other		\$
	T			Ψ
5. TOTAL MONTHLY INCOME	\$	6. TOTAL MONTHL	Y EXPENSES	\$

II. ASSETS / DEBTS

Assets		Debts / Outstanding balances owed		
Cash on hand \$		Home loan, if homeowner \$\$		
Bank accounts		Vehicle loan(s)	\$	
Checking	\$	Credit card(s)	\$	
Savings Other	\$ \$	Student loan(s)	\$	
Value of home (if homeowner)	\$ \$	Medical	\$\$	
		Other		
Value of other real estate owned (plea	,	Other		
	\$ \$	Other		
	\$	Other		
Value of vehicle(s) in working order		Other		
(1) Yr/Make	\$			
(2) Yr/Make	\$			
(3) Yr/Make	\$			
Value of personal possessions (i.e., jev	velry, boat)			
	\$			
	\$			
	\$ \$			
	Ψ			
7. TOTAL ASSETS	\$	8. TOTAL DEBTS	\$	
9. Additional comments:				
Date		Affiant's Signature		
2				
		Affiant's Name (print or type)		
ſ				
SUBSCRIBED AND SWORN TO befo	re me this c	day of,	2	
My Commission Expires:		Attenting Officer or Noter in Cirret		
		Attesting Officer or Notary's Signature	5	

Case No. _____

AOC-026 Rev. 10-18 Page 3 of 3

Court of Justice

Doc. Code: OFP or OFD

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Court _____ County _____

KRS 453.190; CR 5.05(4)

Commonwealth of Kentucky

MOTION FOR WAIVER OF COSTS AND FEES AND
TO PROCEED IN FORMA PAUPERIS; AFFIDAVIT;
FINANCIAL STATEMENT; AND ORDER

Division _____

<u>ORDER</u>

This case having come on the Court's docket on a motion for waiver of fees and costs associated with this action and to proceed *in forma pauperis* pursuant to KRS 453.190, and the Court having reviewed the foregoing Affidavit and Financial Statement, and being otherwise sufficiently advised, IT IS HEREBY ORDERED AND ADJUDGED that the Motion to Proceed *In Forma Pauperis* is:

- GRANTED. (Doc Code: OFP) Affiant is a poor person pursuant to KRS 453.190(2) as follows: (Check one)
 - Affiant is unable to pay the costs and fees associated with this action without depriving himself or herself or his or her dependents of the necessities of life, including food, shelter, or clothing. OR
 - Affiant's income is at or below 100% on the sliding scale of indigency established by the Kentucky Supreme Court.

OR

DENIED. (Doc Code: OFD) Affiant is not a "poor person" pursuant to KRS 453.190(2). Affiant shall have thirty (30) days to pay any required fees or costs to appeal this decision. If Affiant fails to pay the required fees or costs, or fails to seek review, the matter shall be treated as though not timely filed. CR 5.05(4).

Date

Judge's Signature