

**IN THE UNITED STATES DISTRICT COURT  
FOR THE DISTRICT OF COLORADO**

Civil Action No. \_\_\_\_\_

\_\_\_\_\_,  
Plaintiff(s),

v.

\_\_\_\_\_,  
Defendant(s).

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**MOTION AND AFFIDAVIT FOR LEAVE TO PROCEED  
PURSUANT TO 28 U.S.C. § 1915**

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I request leave to commence this civil action without prepayment of fees or security therefor pursuant to 28 U.S.C. § 1915. I do \_\_\_ do not \_\_\_ (check one) request that the court direct the United States Marshals Service to serve process. In support of my requests, I submit the following affidavit and state that:

- (1) I am unable to pay such fees or give security therefor.
- (2) The nature of this action is: \_\_\_\_\_
- (3) I am entitled to redress.

I further state that the responses I have made to the questions below relating to my ability to pay the cost of prosecuting this action and other matters are true:

**MARITAL STATUS AND DEPENDENTS**

Single \_\_\_ Married \_\_\_ Separated \_\_\_ Divorced \_\_\_

The following individuals are my dependents (Identify minor children by their initials only. Do not include their date of birth.):

Name _____	Age _____	Relationship _____
Name _____	Age _____	Relationship _____
Name _____	Age _____	Relationship _____
Name _____	Age _____	Relationship _____

**RESIDENCE**

Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_  
Zip Code: \_\_\_\_\_ Telephone: \_\_\_\_\_

**EDUCATION**

What is the highest level of formal education you have received:

I can speak, read, write, and understand the English language: Yes \_\_\_\_\_ No \_\_\_\_\_

**EMPLOYMENT**

If employed at present, complete the following:

Name of employer: \_\_\_\_\_

Address of employer: \_\_\_\_\_

Telephone number of employer: \_\_\_\_\_

How long have you been employed by present employer: \_\_\_\_\_

Income: Monthly \$ \_\_\_\_\_ Weekly \$ \_\_\_\_\_

If self-employed, state your net income: Monthly \$ \_\_\_\_\_ Weekly \$ \_\_\_\_\_

What is the nature of your self-employment? \_\_\_\_\_

If unemployed at present, complete the following:

I have been unemployed since: \_\_\_\_\_

Name of last employer: \_\_\_\_\_

Address of last employer: \_\_\_\_\_

Telephone number of last employer: \_\_\_\_\_

Salary or hourly wage received from last employer: \$ \_\_\_\_\_

If spouse is employed, complete the following:

Name of employer: \_\_\_\_\_

How long has spouse been employed by present employer: \_\_\_\_\_

Income: Monthly \$ \_\_\_\_\_ Weekly \$ \_\_\_\_\_

If receiving public assistance (e.g., welfare, unemployment benefits), complete the following:

I have been receiving public assistance since: \_\_\_\_\_

Monthly benefits: \$ \_\_\_\_\_ Weekly benefits: \$ \_\_\_\_\_

**REAL AND PERSONAL PROPERTY**

Real property:

Do you own real property? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, describe: \_\_\_\_\_

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

Name(s) on title: \_\_\_\_\_

Estimated value: \$ \_\_\_\_\_ Amount owed: \$ \_\_\_\_\_

Annual income from real property: \$ \_\_\_\_\_

Personal property:

Automobile: Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_

Name(s) on registration: \_\_\_\_\_

Estimated value: \$ \_\_\_\_\_ Amount owed: \$ \_\_\_\_\_

Cash on hand:

Total amount of cash in banks and savings and loan associations: \$ \_\_\_\_\_

Names and addresses of banks and associations: \_\_\_\_\_

Other information pertinent to financial status: (Include stocks, bonds, savings bonds, interests in trusts either owned or jointly owned):

**FINANCIAL OBLIGATIONS:**

**MONTHLY PAYMENT:**

Rent on house or apartment: \$ \_\_\_\_\_

Mortgage on house: \$ \_\_\_\_\_

Gas bill: \$ \_\_\_\_\_

Electric bill: \$ \_\_\_\_\_

Telephone bill: \$ \_\_\_\_\_

Food: \$ \_\_\_\_\_

Clothing: \$ \_\_\_\_\_

Automobile loan: \$ \_\_\_\_\_

Automobile insurance: \$ \_\_\_\_\_

Other insurance: \$ \_\_\_\_\_

Payments to retail merchants: \$ \_\_\_\_\_

Total owed: \_\_\_\_\_

Payments on any other outstanding loans or debts: \$ \_\_\_\_\_

Total owed: \_\_\_\_\_

Payments to doctors, hospitals, lawyers: \$ \_\_\_\_\_

Total owed: \_\_\_\_\_

Maintenance under separation or dissolution agreement: \$ \_\_\_\_\_

Child support: \$ \_\_\_\_\_

Other Payments: \_\_\_\_\_

Describe: \_\_\_\_\_ \$ \_\_\_\_\_

Describe: \_\_\_\_\_ \$ \_\_\_\_\_

Describe: \_\_\_\_\_ \$ \_\_\_\_\_

Describe: \_\_\_\_\_ \$ \_\_\_\_\_

Total monthly payments: \$ \_\_\_\_\_

**ATTEMPTS TO LOCATE COUNSEL**

Please list the name, address, and telephone number of each attorney you have contacted requesting representation in this matter. The court encourages you to contact a minimum of three attorneys.

Attorney: \_\_\_\_\_ Date Contacted: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_  
Zip Code: \_\_\_\_\_ Telephone: \_\_\_\_\_

Attorney: \_\_\_\_\_ Date Contacted: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_  
Zip Code: \_\_\_\_\_ Telephone: \_\_\_\_\_

Attorney: \_\_\_\_\_ Date Contacted: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_  
Zip Code: \_\_\_\_\_ Telephone: \_\_\_\_\_

Attorney: \_\_\_\_\_ Date Contacted: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_  
Zip Code: \_\_\_\_\_ Telephone: \_\_\_\_\_

Attorney: \_\_\_\_\_ Date Contacted: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_  
Zip Code: \_\_\_\_\_ Telephone: \_\_\_\_\_

Date: \_\_\_\_\_  
\_\_\_\_\_  
(Plaintiff's Original Signature)

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_  
\_\_\_\_\_  
(Notary Public)  
\_\_\_\_\_  
(Address)

My commission expires: \_\_\_\_\_