

UNITED STATES DISTRICT COURT  
DISTRICT OF NEVADA

**INFORMATION FOR FILING AN APPLICATION TO PROCEED  
IN FORMA PAUPERIS UNDER 28 U.S.C. § 1915**

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**A. General Information**

Please use the attached form if you are not an inmate. The fee for filing a civil case is \$405 (which includes the \$350 filing fee and the \$55 administrative fee). If you are unable to prepay fees or give security for them, you may apply to the court for leave to proceed *in forma pauperis*. 28 U.S.C. § 1915; District of Nevada Local Special Rule (“LSR”) 1-1.

If you have the money to pay the full filing fee, please send a check or money order made payable to “CLERK, U.S. DISTRICT COURT” with your complaint or petition.

**B. Submission of Application**

To submit your application to proceed *in forma pauperis*, complete the attached form and return the form to the court. If you are a plaintiff and are requesting leave to proceed *in forma pauperis* at the beginning of your case, this application should be returned to the court along with your complaint or petition.

All civil actions must be filed in the clerk’s office for the unofficial division of the court in which the action allegedly arose. Local Rule (“LR”) IA 1-6, 1-8. The Clerk of the Court maintains offices in Las Vegas and Reno at the following addresses:

Unofficial Southern Division (Clark, Esmeralda, Lincoln, & Nye counties):

U.S. District Court Office of the Clerk  
333 Las Vegas Boulevard, South, Room #1334  
Las Vegas, NV 89101

Unofficial Northern Division (all other counties):

U.S. District Court Office of the Clerk  
400 S. Virginia Street, Room #301  
Reno, NV 89501

**C. Decision**

Once the court makes a decision on your application to proceed *in forma pauperis*, the court will enter an order in your case. The order may grant, deny, or impose a partial filing fee. The order may include additional instructions or request additional information.

If the court grants your application to proceed *in forma pauperis*, the court must screen your complaint under 28 U.S.C. § 1915(e)(2) to identify cognizable claims and dismiss claims that are frivolous, malicious, fail to state a claim on which relief may be granted, or seek monetary relief from a defendant who is immune from such relief. Due to the court’s caseload, the screening process may take many months.

# UNITED STATES DISTRICT COURT

for the

\_\_\_\_\_ District of \_\_\_\_\_

_____ )	
Plaintiff/Petitioner )	
v. )	Civil Action No.
_____ )	
Defendant/Respondent )	

## APPLICATION TO PROCEED IN DISTRICT COURT WITHOUT PREPAYING FEES OR COSTS (Short Form)

I am a plaintiff or petitioner in this case and declare that I am unable to pay the costs of these proceedings and that I am entitled to the relief requested.

In support of this application, I answer the following questions under penalty of perjury:

1. *If incarcerated.* I am being held at: \_\_\_\_\_ .  
If employed there, or have an account in the institution, I have attached to this document a statement certified by the appropriate institutional officer showing all receipts, expenditures, and balances during the last six months for any institutional account in my name. I am also submitting a similar statement from any other institution where I was incarcerated during the last six months.

2. *If not incarcerated.* If I am employed, my employer's name and address are:

My gross pay or wages are: \$ \_\_\_\_\_ , and my take-home pay or wages are: \$ \_\_\_\_\_ per  
(specify pay period) \_\_\_\_\_ .

3. *Other Income.* In the past 12 months, I have received income from the following sources (check all that apply):

- |  |                              |                             |
|--|------------------------------|-----------------------------|
| (a) Business, profession, or other self-employment | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (b) Rent payments, interest, or dividends          | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (c) Pension, annuity, or life insurance payments   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (d) Disability, or worker's compensation payments  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (e) Gifts, or inheritances                         | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (f) Any other sources                              | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

*If you answered "Yes" to any question above, describe below or on separate pages each source of money and state the amount that you received and what you expect to receive in the future.*

4. Amount of money that I have in cash or in a checking or savings account: \$ \_\_\_\_\_ .

5. Any automobile, real estate, stock, bond, security, trust, jewelry, art work, or other financial instrument or thing of value that I own, including any item of value held in someone else's name (*describe the property and its approximate value*):

6. Any housing, transportation, utilities, or loan payments, or other regular monthly expenses (*describe and provide the amount of the monthly expense*):

7. Names (or, if under 18, initials only) of all persons who are dependent on me for support, my relationship with each person, and how much I contribute to their support:

8. Any debts or financial obligations (*describe the amounts owed and to whom they are payable*):

*Declaration:* I declare under penalty of perjury that the above information is true and understand that a false statement may result in a dismissal of my claims.

Date: \_\_\_\_\_

\_\_\_\_\_  
*Applicant's signature*

\_\_\_\_\_  
*Printed name*