SUPERIOR COURT OF THE DISTRICT OF COLUMBIA
PROBATE DIVISION

_____
PLAINTIFF

vs. _____ LIT _____

_____
DEFENDANT

APPLICATION TO PROCEED WITHOUT
PREPAYMENT OF COSTS, FEES, OR SECURITY (In *Forma Pauperis*)*

I, _____ am the (check one)

☐ Plaintiff ☐Defendant
☐ Other: _____

I need an interpreter for this case. I speak the following language:

_____

I respectfully ask permission to proceed in this case without pre-paying costs or fees and without giving security for them because I am not able to do so without substantial hardship to myself or to my family. In support of this request, I state the following:

Check and answer only those that apply in the section below.

INCOME

1. I receive the following public benefits, and the law presumes that I am eligible to proceed without prepayment of costs, fees, or security (See D.C. Code, §15-712):
   ☐ Temporary Assistance for Needy Families (TANF)
   ☐ General Assistance for Children (GAC)
   ☐ Program on Work, Employment and Responsibility (POWER)
   ☐ Supplemental Security Income (SSI)

_____
*This motion is filed with the Probate Division if the waiver is being requested to file a Notice of Appeal or to obtain a transcript for purposes of filing an appeal. For all other purposes, it is filed at the office of Judge-In-Chambers, 4th Floor, 500 Indiana Avenue, N.W., Washington, D.C. 20001.

2. Even though I do not receive the above public benefits, I receive the following similar benefits and therefore request that my application be approved:

- ☐ Interim Disability Assistance (IDA) because my SSI application has not been approved/certified
- ☐ Medicaid
- ☐ DC Healthcare Alliance or the following similar health benefits (describe) _____

If you checked any of the boxes above, do not answer any more questions. Skip to the section called "Declaration." If you did not check any of the boxes above, you must answer the rest of the questions on this form. If additional information is required, you will be notified.

3. My total income over the past 12 months from all sources (including, but not limited to, my job, other wages or business income, rental income, pensions, annuities or life insurance payments, worker's compensation, unemployment compensation or insurance, annual interest or dividends, gifts, alimony or spousal support, inheritance or trust income) was $_____.
4. I am presently unemployed. The last date I worked was _____, _____. (Month, Year)

DEPENDENTS

5. How many people live in your household and depend on you for support: _____. Of these people, how many are minor children or elderly? _____.

ASSETS

6. I state the following about my property:

I have $_____ in cash, including money in savings or checking accounts. I own the vehicles, personal home, other real estate, stock, bonds, or other valuable property, besides household furnishings and clothing, listed below:

_____

_____

List the Property

EXPENSES

7. This is my best estimate of the monthly expenses for myself and the people in my household who depend on me for support:

Housing (rent, mortgage, taxes, & insurance):	$_____
Public Transportation and Gasoline:	$_____
Automobile Loan, Insurance, Maintenance:	$_____
Health (medical, dental, vision, prescriptions, insurance):	$_____
Food and other Household Necessities:	$_____
Utilities (gas, electricity, water, phone, internet)	$_____
Clothing:	$_____
Child Support:	$_____
Childcare (including diapers, daycare):	$_____
Other (explain in detail):	$_____
Total Estimated Monthly Expenses:	**$**_____

OTHER SPECIAL CIRCUMSTANCES

8. (Optional) Explain any other special circumstances that you want to have considered in support of your request, including any large monthly expenses, debts, wage or bank account garnishments, and/or judgments.

_____

_____

_____

DECLARATION

REQUIRED: I solemnly swear or affirm under criminal penalties for the making of a false statement, which includes 180 days in jail or a $1,000 fine or both, that I have read this Application and that the factual statements made in it are true to the best of my personal knowledge, information and belief.

_____
Signature

_____
Typed Name

_____
Address (actual address/not Post Office Box)

_____

_____

_____
Telephone number

_____
E-mail Address

_____
Bar Number (if filer is an attorney)

_____
Date

POINTS AND AUTHORITIES IN SUPPORT OF APPLICATION TO PROCEED WITHOUT PREPAYMENT OF COSTS, FEES, OR SECURITY

1 D.C. Code § 15-712.
2 D.C. Code § 22-2405.
3 Civil Rule 54-II.
4 *Adkins v. E.I. Du Pont de Nemours & Co., Inc.*, 335 U.S. 331 (1948).
5 *Harris v. Harris*, 137 U.S. App. D.C. 318, 322, 424 F.2d 806 (1970), *cert. Denied*, 400 U.S. 826 (1970) ("*in forma pauperis* relief not limited to those who are public charges or absolutely destitute").
6 *Green v. Green*, 562 A.2d 1214 (D.C. 1989) (statute "effectuates the fundamental principle that every litigant should be provided equal access to the courts without regard to financial ability").
7 Herbin v. Hoeffel, *727 A.2d 883, 887 (D.C. 1999)* (court officers serve process in *in forma pauperis* status and mandating granting of petition where litigant's income "only slightly above the welfare standard").[1]

[1] When you come to court, you may be asked questions about this Application. If your responses are not truthful, you could face additional criminal penalties.

SUPERIOR COURT OF THE DISTRICT OF COLUMBIA
PROBATE DIVISION

In re estate of

_____

Minor/ward/deceased

_____ ADM _____
_____ INT _____
_____ IDD _____
_____ SEB _____
_____ GDN _____

ORDER

Having considered the *Application to Proceed without Prepayment of Costs, Fees, or Security* filed by _____, it is hereby ordered that the Application is:

☐ **GRANTED** in this Probate Division case and, pursuant to Superior Court, Civil Rule 54-II, as made applicable by Superior Court, Probate Division Rule 1(f), the officers of the Court will issue and serve all process, if required, and witnesses will be subpoenaed without prepayment of witness fees, if necessary;

☐ **DENIED**

- For the following reasons: _____
- For the reasons stated on the record in open court and in the presence of the applicant or his or her counsel;

_____ _____
Date Judge

cc:

See attached list.