

**UNITED STATES COURT OF APPEALS
FOR THE FEDERAL CIRCUIT**

**MOTION AND DECLARATION FOR LEAVE TO
PROCEED IN FORMA PAUPERIS**

Case Number: _____

Short Case Caption: _____

Filer Name: _____

Instructions: If you would like to have the court consider waiving the docketing fee for your petition for review or notice of appeal, please complete and file this form within 14 days after the date of docketing of your case.

Complete all questions; if the answer to a question is 0, write in that response. In answering, identify only gross amounts (i.e., amounts before any deductions for taxes or otherwise). If you need more space to answer a question or to explain your answer, attach additional pages as needed. Failure to fully answer the questions may result in a denial of the motion.

DECLARATION

I hereby move for leave to proceed in forma pauperis, pursuant to 28 U.S.C. § 1915, in this case and submit the following declaration in support thereof:

I, _____, am the Petitioner / Appellant in the above-entitled case, and I declare that I am unable to pay the docketing fee for my petition / appeal. The issues I intend to present for the court's review are as follows:

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1. Pay/Wages	Employer(s) <i>(including self-employment)</i>	Gross Annual Pay/Wage
You		\$
Spouse		\$

2. Select whether you or your spouse have received income from the below sources over the past 12 months. If yes, on an attached sheet, identify each source of money and the gross amounts you or your spouse (1) have received over the past 12 months and (2) expect to receive in the future.

- | | | |
|------------------------------|-----------------------------|--|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Income from real property |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Interest or dividends |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Alimony or child support |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Retirement <i>(including social security, pension, or annuity)</i> |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Disability or worker's compensation |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Public Assistance or welfare <i>(including unemployment)</i> |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Inheritance or life insurance |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Gifts |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Other sources |

3. Are you currently incarcerated?

- Yes No

If yes, you must (1) complete and submit [Form 6A](#) (Supplemental In Forma Pauperis Form for Prisoners Authorization) and (2) 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, attach one certified statement of each account.

4. Describe and identify the value of any property, holding, or other thing of value owned by you or your spouse that exceeds \$1,000 in current worth.

5. Identify the names (or initials, if under 18) of all persons who are dependent on you or your spouse for support, their relationship to you, and your contribution to their support.

6. Identify any debts, financial obligations, or monthly expenses for you and your spouse.

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7. 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, describe below.

8. Total amount of money you and your spouse have in cash, checking accounts, or savings accounts: \$ _____

9. Have you ever filed a motion for leave to proceed in forma pauperis in any other case in this court?

Yes

No

If yes, identify the docket number(s): _____

DECLARATION UNDER PENALTY OF PERJURY

I declare under penalty of perjury under the laws of the United States that my answers on this form are true and correct. *See 28 U.S.C § 1746.*

Date: _____

Signature: _____

Name: _____