# UNITED STATES COURT OF APPEALS FOR THE FEDERAL CIRCUIT 

# MOTION AND DECLARATION FOR LEAVE TO PROCEED IN FORMA PAUPERIS 

## Case Number:

## Short Case Caption:

## Petitioner/Appellant:

Instructions: If you would like to have your case considered without paying the docketing fee, please complete and file this within 14 days after the date of docketing of your petition for review or notice of appeal.

Complete all questions; if the answer to a question is 0 , none, or not applicable, write in that response. When calculating totals, use 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. $\S 1915$, in this case and submit the following declaration in support thereof:

I, $\qquad$ , am the Petitioner / Appellant in the aboveentitled case. In support of my motion to proceed on appeal without being required to pay the docketing fee, I state (1) that I am unable to pay the fee because of my poverty; (2) that I believe that I am entitled to redress; and (3) that the issues which I desire to present on appeal are the following:
$\square$

1. For both you and your spouse, estimate the average amount of money received from the following sources during the past 12 months. Adjust annual, biweekly, weekly, or daily amounts to a monthly rate.

| Income Source | Monthly Amount <br> (Past 12 Months) |  | Amount Expected <br> Next Month |  |
| :--- | :--- | :--- | :--- | :--- |
|  | You | Spouse | You | Spouse |
| Employment | $\$$ | $\$$ | $\$$ | $\$$ |
| Self-employment | $\$$ | $\$$ | $\$$ | $\$$ |
| Income from real property | $\$$ | $\$$ | $\$$ | $\$$ |
| Interest and dividends | $\$$ | $\$$ | $\$$ | $\$$ |
| Gifts | $\$$ | $\$$ | $\$$ | $\$$ |
| Alimony | $\$$ | $\$$ | $\$$ | $\$$ |
| Child support | $\$$ | $\$$ | $\$$ | $\$$ |
| Retirement (social security, |  |  |  |  |
| pensions, annuities, insurance) | $\$$ | $\$$ | $\$$ | $\$$ |
| Disability (SSI or insurance) | $\$$ | $\$$ | $\$$ | $\$$ |
| Onemployment payments | $\$$ | $\$$ | $\$$ | $\$$ |
| Public assistance or welfare | $\$$ | $\$$ | $\$$ | $\$$ |
| Unecify): | $\$$ | $\$$ | $\$$ | $\$$ |

2. List your employment history for the past two years, with your most recent employer first.

| Employer | Address | Employment <br> Dates | Gross Monthly <br> Pay |
| :--- | :--- | :--- | :--- |
|  |  |  | $\$$ |
|  |  |  | $\$$ |
|  |  |  | $\$$ |

3. List your spouse's employment history for the past two years, most recent employer first.

| Employer | Address | Employment <br> Dates | Gross Monthly <br> Pay |
| :--- | :--- | :--- | :--- |
|  |  |  | $\$$ |
|  |  |  | $\$$ |
|  |  |  | $\$$ |

## 4. Are you currently incarcerated?

$\square$ Yes $\square$ 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.
5. How much cash on hand do you and your spouse have? $\qquad$
State the average monthly balance you or your spouse have in bank accounts or in any other financial institution.

| Financial <br> Institution | Type of Account | Amount You <br> Have | Amount Your <br> Spouse Has |
| :--- | :--- | :--- | :--- |
|  |  | $\$$ | $\$$ |
|  |  | $\$$ | $\$$ |
|  |  | $\$$ | $\$$ |
|  | $\$$ | $\$$ |  |

6. List the assets and their values for any property that you or your spouse own. Do not list clothing and ordinary household furnishings.

| Home | Other Real Estate | Other Assets | Other Assets |
| :--- | :--- | :--- | :--- |
| $\$$ | $\$$ | $\$$ | $\$$ |
| $\$$ | $\$$ | $\$$ | $\$$ |
| $\$$ | $\$$ | $\$$ | $\$$ |
| Motor Vehicle \#1 | Motor Vehicle \#2 |  |  |
| Value: \$__S: | Make, model, \& year: |  |  |
| Make, model, \& year: | Registration \#: |  |  |
| Registration \#: |  |  |  |

7. List every person, business, or organization owing you or your spouse money, and the amount owed.

| Person, Business or <br> Organization Owing <br> Money | Owed to You | Owed to Your Spouse |
| :--- | :--- | :--- |
|  | $\$$ | $\$$ |
|  | $\$$ | $\$$ |
|  | $\$$ | $\$$ |

8. List any person who relies on you or your spouse for support.

| Initials of Person | Relationship | Age |
| :---: | :---: | :---: |
|  |  |  |
|  |  |  |
|  |  |  |

9. Estimate the average monthly expenses of you and your family. Adjust payments to a monthly rate.

|  |  | You | Your Spouse |
| :--- | :--- | :--- | :--- |
| Rent or home mortgage payment (include lot <br> rented for mobile home) | $\$$ |  | $\$$ |
| Are real estate taxes included? <br> Is property insurance included?$\quad \square$ Yes |  | $\square$ | No |
| Utilities (electricity, heating fuel, water, sewer, <br> telephone) | $\square$ | $\square$ | No |


|  | You | Your Spouse |
| :---: | :---: | :---: |
| Insurance (not deducted from wages or included in mortgage payments) |  |  |
| Homeowner's or renter's | \$ | \$ |
| Life | \$ | \$ |
| Health | \$ | \$ |
| Motor vehicle | \$ | \$ |
| Other (specify): | \$ | \$ |
| Home maintenance (repairs and upkeep) | \$ | \$ |
| Food | \$ | \$ |
| Clothing | \$ | \$ |
| Laundry and dry cleaning | \$ | \$ |
| Medical and dental expenses | \$ | \$ |
| Transportation (not including motor vehicle payments) | \$ | \$ |
| Loan repayments |  |  |
| Student loans | \$ | \$ |
| Other (specify): | \$ | \$ |
| Taxes (not deducted from wages or included in mortgage payments) |  |  |
| Property | \$ | \$ |
| Income | \$ | \$ |
| Other: | \$ | \$ |
| Installment Payments |  |  |
| Motor vehicle | \$ | \$ |


|  | You | Your Spouse |
| :---: | :--- | :--- |
| Credit card | $\$$ | $\$$ |
| Other (specify): | $\$$ | $\$$ |
| Alimony, maintenance, and support paid to <br> others | $\$$ | $\$$ |
| Regular expenses for operation of business, <br> profession, or farm (attach detailed statement) | $\$$ | $\$$ |
| Recreation, entertainment, subscriptions, etc. | $\$$ | $\$$ |
| Other (specify): | $\$$ | $\$$ |
| Total monthly expenses: | $\$$ | $\$$ |

10. Do you expect any major changes to your monthly income or expenses or in your assets or liabilities during the next 12 months?
$\square$ Yes $\square$ No If yes, describe on an attached sheet.
11. Have you paid, or will you be paying, an attorney money for services in connection with this case, including the completion of this form?
$\square$ Yes $\square$ No If yes, how much? $\$$
If yes, state the attorney's name, address, and telephone number:
12. Have you paid, or will you be paying, anyone other than an attorney (such as a paralegal or a typist) money for services in connection with this case, including the completion of this form?
$\square$ Yes $\square$
No If yes, how much? \$ $\qquad$
If yes, state the individual's name, address, and telephone number:
13. Provide any other information that will help explain why you cannot pay the docketing fees for your appeal or petition for review.
14. Have you ever filed a motion for leave to proceed in forma pauperis in any other case in this court?


No
If yes, state the name and docket number of that case.

## 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: $\qquad$ Signature:
Name:

