

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

Civil Action No.:

Plaintiff,

v.

Defendant.

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

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: _____

Income: Monthly \$ _____ Weekly \$ _____

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: _____