

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

Civil Action No. \_\_\_\_\_

\_\_\_\_\_

Plaintiff(s)/Petitioner(s),

v.

\_\_\_\_\_

Defendant(s)/Respondents.

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**MOTION AND AFFIDAVIT FOR LEAVE TO PROCEED ON APPEAL  
PURSUANT TO 28 U.S.C. § 1915 AND FED. R. APP. P. 24**

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I request leave to commence this appeal without prepayment of fees or security therefor pursuant to 28 U.S.C. § 1915 and Fed. R. App. P. 24. I also request that the United States pay for a transcript of the record of proceedings, if any, for inclusion in the record on appeal. In support of my requests, I submit the accompanying affidavit and declare that:

- (1) I am unable to pay such fees or give security therefor.
- (2) The issues I desire to raise on appeal are:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- (3) I am entitled to redress.
- (4) I take this appeal in good faith.
- (5) The appeal is not frivolous and presents a substantial question.

I swear that the responses which I have made to the questions and instructions below relating to my ability to pay the cost of prosecuting the appeal 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: \_\_\_\_\_  
Monthly benefits: \$ \_\_\_\_\_ Weekly benefits: \$ \_\_\_\_\_

**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):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Payments for legal assistance: I have paid or will be paying an attorney, or someone other than an attorney (such as a paralegal or typist), money for services in connection with this case, including the completion of this form. Yes \_\_\_ No \_\_\_

If yes, how much? \$ \_\_\_\_\_

If yes, state the name, address, and telephone number of the attorney or person:

\_\_\_\_\_

\_\_\_\_\_

**FINANCIAL OBLIGATIONS:**

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:

**MONTHLY PAYMENT:**

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

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: \$ \_\_\_\_\_

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Name

\_\_\_\_\_  
 Street Address

\_\_\_\_\_  
 City State Zip Code

\_\_\_\_\_  
 Telephone Number

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

\_\_\_\_\_  
**Signature of Affiant**

SUBSCRIBED AND SWORN TO BEFORE ME THIS \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
 Notary Public

\_\_\_\_\_  
 Address

My commission expires: \_\_\_\_\_