

**Family Court**  
**For the State of Delaware**



**AFFIDAVIT IN SUPPORT OF APPLICATION TO**  
**PROCEED *IN FORMA PAUPERIS***

<http://courts.delaware.gov/Courts/Family%20Court/>

## PROCEEDINGS *IN FORMA PAUPERIS*

- Please complete all portions of the attached application
- All requests for information must be supplied, if possible. Failure to supply information may result in a denial of your Application to Proceed *In Forma Pauperis*.
- **Approval of this application will result in the waiver of fees for filing and notice/publication only.**

# The Family Court of the State of Delaware

In and For  New Castle  Kent  Sussex County

## AFFIDAVIT IN SUPPORT OF APPLICATION TO PROCEED *IN FORMA PAUPERIS*

*Petitioner*

*v. Respondent*

Name	Name	File Number
Street Address	Street Address	
Apt. or P.O. Box Number	Apt. or P.O. Box Number	Petition Number
City State Zip Code	City State Zip Code	
Attorney Name and Phone Number	Attorney Name and Phone Number	

I, \_\_\_\_\_, being first duly sworn, depose and say that I am  
the  Petitioner  Respondent in the matter of \_\_\_\_\_.

In support of my application to proceed without paying Court fees and costs, or give security, I state:

My date of birth is: \_\_\_\_\_

My current address is: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Because of my financial situation, I am unable to pay the costs of this proceeding or  
give security. In support of that statement, I supply the following information:**

1. Are you presently employed?  Yes  No  
(If your answer is no, please skip to question 3)

2. If Yes, state:

a. The name and address of your employer:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

b. State how often you are paid:

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c. State the amount of your take home pay per pay period:

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**\* If employed, you must attach a recent pay-stub or other documentation of income.**

3. If you are not employed, state:

a. Name and address of last employer:

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b. Location and date of last employment:

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If you are not employed, please state the reason why:

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5. If you are not employed, please list any government benefits that you currently receive (SSDI, food stamps, TANF, etc.):

Type of Benefit (SSDI, TANF, etc.)	Monthly Amount Received

6. State whether you have received any income (dividends, rent, savings, interest, etc.), gifts, such as stocks, bonds or cash, from any source in the last the last 12 months:

Yes  No

7. If yes, state:

Amount of income or value of gift	Date Received	From Whom Received

8. List all property owned, whether held in your name alone or jointly with anyone else:

a. Real estate:


b. Property (stocks, bonds, bank accounts, vehicles):


c. Name and address of any joint owner, designating which property is jointly owned and name and relationship to joint owner:


9. If you have a spouse, state:

a. Amount of income received:

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b. Source:

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c. Frequency income is received:

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10. Itemize debts and regular monthly expenses (Including amount of your income regularly paid to your spouse):

Debt/Expense	Monthly Amount

11. List names, ages and addresses of any dependents:

Name	Age	Address

I, \_\_\_\_\_ swear or affirm that the above information is true and correct and is made under penalty of perjury.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE

**SWORN TO AND SUBSCRIBED** before me this \_\_\_\_\_ day of

\_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Deputy Clerk of Court/Notary Public

# The Family Court of the State of Delaware

In and For  New Castle  Kent  Sussex County

IN RE:

\_\_\_\_\_  
Petitioner

vs.

File Number: \_\_\_\_\_

Petition Number: \_\_\_\_\_

\_\_\_\_\_  
Respondent

## ORDER TO PROCEED *IN FORMA PAUPERIS*

The Court has reviewed the Petitioner's application and, if necessary, has questioned the Petitioner under oath. Petitioner's application is hereby:

Granted. The Court waives all fees and costs associated with the filing and notice of this action. This does not include waiver of transcript fees.

Granted in part. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Denied. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Petitioner must pay all fees and costs associated with the filing and notice of this action. **Please remit payment to the cashier's office.**

**If the above provisions are not completed within 30 days of the date of this Order, the underlying petition is dismissed pursuant to this Order.**

**IT IS SO ORDERED**, this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

CC: Petitioner  
Remit payment to:

\_\_\_\_\_  
JUDGE/COMMISSIONER

Cashier's Office, 500 N. King Street, Wilmington, DE 19801

400 Court Street, Dover, DE 19901

22 The Circle, Georgetown, DE 19947