Case No.: _____

IN THE EAST FORK JUSTICE COURT

COUNTY OF DOUGLAS, STATE OF NEVADA

,

Plaintiff,

vs.

FINANCIAL DECLARATION

Defendant,

Instructions: Provide complete and accurate information. Do not leave any blank or unanswered areas. Write "N/A", "Not Applicable" or "0" as appropriate. Failure to complete this application in its entirety may result in a delay of processing or a denial of your request.

I, (print your name clearly) _____, do solemnly swear under penalty of perjury that I do not have the ability to pay for the filing fees or any other court services necessary for my case; and that all of the facts, figures, answers and statements contained in this Financial Declaration are true and correct. I request the filing fees and other fees related to my case be waived.

EMPLOYMENT

Check One:

- ☐ I am currently unemployed.
- ☐ I am employed with: _____.
  My job title is: _____.
- ☐ I am self-employed. I work as a _____.

PERSONAL INCOME

Indicate an amount for all that apply to you:

- I have this much money in my possession or my jail property: $ .....
- My net monthly income is: $ .....
- Over the last year, I have receive income from any source other than employment. ☐ No ☐ Yes
  If yes, describe the source: $ .....

ASSETS

Banking, Investment and Retirement Accounts:

- Checking Account(s) $ .....
- Savings Account(s) $ .....
- Investment or Retirement Accounts $ .....

Other Assets:

	It's Value	Balance Owed
• Property (Homes, commercial, etc.)	$ _____	$ _____
• Vehicle	$ _____	$ _____
• Other Account(s) (PayPal, Venmo, Bitcoin, etc.)	$ _____	$ _____
• Other Valuables (Collectables, electronics, tools, furnishings, etc.)	$ _____	$ _____
Total Income:	$ _____	$ _____

HOUSEHOLD INCOME

Provide the *Name, Relationship and Monthly Income* for each adult living in your household:

Provide the *Name, Relationship and Monthly Income* for each of your dependents:

MANDATORY ADDITIONAL INFORMATION

I may be contacted at:

_____ _____
Address Phone Number(s)

_____ _____
City, State, Zip e-mail address

My emergency contact is:

_____
Name

_____ _____
Address Phone Number(s)

_____ _____
City, State, Zip e-mail address

I am a veteran of the U.S. Military? ☐ Yes ☐ No

I swear under penalty of perjury that the foregoing application is true and correct.

_____ _____
Signature **Date**

Based upon the foregoing sworn Financial Declaration, the applicant:

☐ The Applicant IS INDIGENT and therefore qualified for the waiver of fees per NRS 12.015. The applicant shall proceed without payment of costs, fees, or security. The Clerk of the Court shall file or issue any necessary writ, process, pleading or paper without charge. The Sheriff or Constable shall make personal service without charge. If the applicant prevails, the Court may enter an order per NRS 12.015 requiring the opposing party to pay Court costs.

☐ The Applicant is NOT INDIGENT and therefore not qualified for the waiver of fees per NRS 12.015.

Dated this ____ day of _____, 20___.

_____
Justice of the Peace