

4-222. Application for free process and affidavit of indigency.

STATE OF NEW MEXICO

COUNTY OF _____
_____ COURT

Petitioner,

v.

No. _____

Respondent.

APPLICATION FOR FREE PROCESS
AND AFFIDAVIT OF INDIGENCY

I request that the court enter an order permitting me to file this case without prepayment of fees and costs and give upon my oath or affirmation the following statement.

My marital status is: Single _____ Married _____ Divorced _____
Separated _____ Widowed _____

I request interpretation services: _____ yes _____ no (If yes, please describe what you need):

_____.

INFORMATION ABOUT MY FINANCES (check all that apply to you and fill in the blanks):

A. PUBLIC ASSISTANCE

_____ I do not receive public assistance (if you check this blank, go directly to Section B, EMPLOYMENT/UNEMPLOYMENT).

_____ I currently receive the following public assistance in _____ County

(Please check all applicable public assistance programs):

_____ Temporary Assistance for Needy Families (TANF)

_____ Food Stamps

_____ Medicaid

_____ General Assistance (GA)

_____ Supplemental Security Income (SSI)

_____ Social Security Disability Income (SSDI)

_____ Public Housing

_____ Disability Security Income (DAI)

_____ Department of Health Case Management Services (DHMS)

____ Other (please describe):

B. EMPLOYMENT/UNEMPLOYMENT

____ I am currently unemployed and have been unemployed for:
____ months in the past year. I am unemployed because

____ I receive unemployment benefits in the amount of
\$_____ per month.

____ I have no income because I am unemployed.

____ I am employed.

My employer's name, address and phone number is:

I am paid weekly ____ every other week ____ twice a month
__ once month __. When I am paid my net take-home
pay minus deductions required by law like state and federal
tax withholding and FICA is \$_____.

____ I am married, and my spouse is unemployed and has been
unemployed for ____ months in the past year because
_____. My spouse receives
unemployment benefits in the amount of \$ _____ per month.

____ I am married, and my spouse is employed.

My spouse's employer's name, address and phone number is:

My spouse is paid weekly ____ every other week ____ twice a month
__ once a month __. When my spouse is paid his or her net take
home pay minus deductions required by law like state and federal
tax withholding and FICA is \$_____.

C. OTHER SOURCES OF INCOME

____ I have income from another source not mentioned above.

____ Child Support \$ _____

____ Alimony \$ _____

____ Investments \$ _____

____ Community property from my spouse \$ _____

____ Other _____ \$ _____

_____ I do not have any other sources of income.

_____ I am married, and my spouse has income from another source not mentioned above.

_____ Child Support \$ _____

_____ Alimony \$ _____

_____ Investments \$ _____

_____ Other _____ \$ _____

_____ Other _____ \$ _____

_____ I am married, and my spouse does not have any other sources of income.

D. OTHER ASSETS (Please list other assets owned by you or your spouse that can be turned into cash. Do not include money you have in retirement accounts.)

Cash on hand \$ _____

Bank accounts \$ _____

Income tax refund \$ _____

Other assets (describe below):

_____ \$ _____

_____ \$ _____

IF YOU DO NOT HAVE ACCESS TO YOUR OWN OR YOUR SPOUSES INCOME OR ASSETS, EXPLAIN WHY. _____

E. MONTHLY EXPENSES

House Payment/Rent \$ _____

Utilities \$ _____

Telephone \$ _____

Groceries (after food stamps) \$ _____

Car Payment(s) \$ _____

Gasoline \$ _____

Insurance \$ _____

Child Care \$ _____

Student and Consumer Loans \$ _____

Court-ordered family support obligations \$ _____

Other court-ordered payments \$ _____

Medical expenses \$ _____

Other _____ \$ _____

F. HOUSEHOLD

I live at _____ and the head of the household is _____.

Other than myself, the other members of the household are:

<u>Name</u>	<u>Age</u>	<u>Employment</u>	<u>I Support</u>
_____	_____	_____	()
_____	_____	_____	()
_____	_____	_____	()
_____	_____	_____	()
_____	_____	_____	()
_____	_____	_____	()

This statement is made under oath. I hereby state that the above information regarding my financial condition is correct to the best of my knowledge. I hereby authorize the Court to obtain information from financial institutions, employers, relatives, the federal internal revenue service and other state agencies. If at any time the Court discovers that information in this application for free process was false, misleading, inaccurate, or incomplete at the time the application was submitted, the Court may require me to pay for any costs or fees that were waived under an order of free process that was granted based on the information of this application.

(Signature)

(Print Name)

_____ Petitioner _____ Respondent (Pro Se)

(Street Address)

(City, State, Zip Code)

(Telephone)

State of _____)
County of _____) ss

Signed and sworn to (or affirmed) before me on _____ (date)
by _____ (name of applicant).

Notary
My Commission expires: _____

4-223. Order for free process.
[For use with Supreme Court General Rule 23-114]

STATE OF NEW MEXICO
COUNTY OF _____
_____ COURT

Petitioner,

vs.

No. _____

Respondent.

ORDER ON APPLICATION FOR FREE PROCESS

THIS MATTER having come before the court on Petitioner's application for free process and affidavit of indigency, and the court being otherwise advised in the premises,
FINDS that:

- the applicant receives public assistance and is, therefore, entitled to free process.
- the applicant's annual income does not exceed one hundred and fifty percent (150%) of the federal poverty guidelines, and the applicant is, therefore, entitled to free process.
- on the basis of the applicant's available funds or annual income, the applicant is not entitled to free process.

THE COURT ORDERS that:

- the filing fee is waived.
- the filing fee is waived except for the \$ _____ alternative dispute resolution (ADR) fee.
- The applicant is granted free service of process by the Sheriff in _____ County, New Mexico for 1 2 3 4 5 or _____ summons(es), provided that the applicant first attempts service by certified mail pursuant to Rule 1-004 NMRA.
- the applicant is granted free service by the Sheriff in _____ County, New Mexico, of a temporary restraining order or _____.
- the applicant is to pay the filing fee on _____, 20_____.
- interpretation services shall be provided to the applicant.
- free process is denied.

[] Other: _____

Unless specifically granted above, this order of free process does not include the following costs: jury fees, certification fees, subpoena fees for witnesses, witness fees for hearings or trials, mailings, long distance charges, transcripts for appeals or record proper, duplication fees for audiotapes or compact discs, copy charges, publication fees, or facsimile services. Application for all other costs are to be made to the judge assigned to your case. If the applicant prevails in this law suit and collects money by judgment or settlement, the court is to be reimbursed for any waived costs. ***This order is subject to revision, modification or rescission by the judge assigned to your case.***

JUDGE