

FIRST JUDICIAL DISTRICT COURT
STATE OF NEW MEXICO
COUNTY OF _____

CASE NO. _____

_____,
Plaintiff (Petitioner)

vs.

_____,
Defendant (Respondent).

**MOTION FOR FREE OR REDUCED-COST
SETTLEMENT FACILITATION SERVICES**

COMES NOW _____, and moves this Court for an order allowing free or reduced-cost settlement facilitation services in this case. As grounds for this motion, movant states that because of indigency, I cannot afford to pay court fees and costs in this case. I have attached the affidavits required by the Administrative Order No. 2008-1.

Signature of Applicant

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.

REPRESENTATION

- [] I AM REPRESENTED BY A LAWYER
(Attorney's Affidavit Supporting Indigency must be attached)
- [] I AM REPRESENTING MYSELF

(Signature)

(Print Name)

_____ *Petitioner* _____ *Respondent (Pro Se)*

(Street Address)

(City, State, Zip Code)

(Telephone)

SUBSCRIBED AND SWORN TO before me by _____
this _____ day of _____, _____.

Commission Expires:

NOTARY PUBLIC

FIRST JUDICIAL DISTRICT COURT
STATE OF NEW MEXICO
COUNTY OF _____

Petitioner,

v.

No. _____

Respondent.

ATTORNEY'S AFFIDAVIT SUPPORTING INDIGENCY

I _____, Attorney at Law, hereby certify that to the best of my knowledge and belief, the statements and information contained in _____'s affidavit of indigency are true and correct. I further certify that I have not received any attorney fee from or on behalf of _____, and that if any attorney fee is paid to me, court fees and costs shall be paid to the clerk of the court from such fee.

Signature of Attorney at Law

Address

Telephone Number