STATE OF NEW MEXICO
COUNTY OF BERNALILLO
SECOND JUDICIAL DISTRICT 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 (DSI)
       ____ 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. I am paid \$_____ per hour and work _____ hours per week.

My employer's name, address and phone number 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 is paid $_____ per hour and works _____
hours per week.

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

_____

_____

_____

C.   OTHER SOURCES OF INCOME (Check all that apply)

_____ 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.

_____ Another adult contributes to household income in the following amount: $_____.

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 $ _____
Stocks/bonds $ _____
Income tax refund $ _____
Other assets (describe below): $ _____
_____ $ _____
_____ $ _____

IF YOU DO NOT HAVE ACCESS TO YOUR OWN OR YOUR SPOUSE'S 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:

Name	Age	Employment	I Support
_____	_____	_____	( )
_____	_____	_____	( )
_____	_____	_____	( )
_____	_____	_____	( )
_____	_____	_____	( )

*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 in this application.*

I, _____, the (Petitioner/Respondent), affirm under penalty of

perjury under the laws of the State of New Mexico that the preceding statements are true and

correct.

Date: _____

_____
Signature

_____
Name (printed)

_____
Address

_____
Telephone number