

Civil Court of the City of New York

County of \_\_\_\_\_

Part \_\_\_\_\_

In the Matter of the Application of \_\_\_\_\_

to prosecute as a poor person against \_\_\_\_\_

Index Number \_\_\_\_\_

AFFIDAVIT IN SUPPORT OF AN APPLICATION TO PROCEED AS A POOR PERSON AND TO WAIVE COURT FEES

State of New York, County of \_\_\_\_\_ ss:

\_\_\_\_\_, being duly sworn, deposes and says:

PRINT YOUR NAME

1. I am the party named as \_\_\_\_\_ in the above titled action.

2. I reside at \_\_\_\_\_

3. I seek to proceed in the above titled action.

4. I have a good and meritorious cause of action in that \_\_\_\_\_

5. I request that an Order be granted:

- checkbox waiving any and all statutory fees for the defense or prosecution of the action,
checkbox waiving the fee for the filing of a Notice of Appeal
checkbox other (Specify) \_\_\_\_\_

6. I make this application based on CPLR §1101. I do not have, nor am I able to obtain, the funds needed to pay the court fees. I will be unable to proceed unless the Order is granted.

7. I am/am not a recipient of Public Assistance from the Department of Social Services of the City of New York.

8. I have no income other than the sum of \$ \_\_\_\_\_ per \_\_\_\_\_ from \_\_\_\_\_

9. I own no property of any kind except necessary personal wearing apparel and \_\_\_\_\_

[Indicate other property and the value of such property]

10. No other person is beneficially interested in the recovery sought.

- checkbox a) I have not made a previous application for this or similar relief.
checkbox b) I have made previous application(s) for this or similar relief, but I am making this further application because \_\_\_\_\_

Sign your name \_\_\_\_\_

Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

Print your address \_\_\_\_\_

Signature of Court Employee and Title

Telephone Number \_\_\_\_\_