



IN THE 19TH JUDICIAL CIRCUIT COURT, COLE COUNTY, MISSOURI

Judge or Division:	Case Number:
Petitioner:	Petitioner's Address/Telephone:
vs.	
Respondent:	Respondent's Address/Telephone:

(Date File Stamp)

Motion and Affidavit in Support of Request to Proceed As a Poor Person

Marital Status:	If Married, Spouse's name:	Number of dependents:
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(Include Spouse's Income and Expenses if Married)

Monthly Income		Monthly Expenses	
Gross salary (before deductions)	\$ _____	<input type="checkbox"/> Mortgage	<input type="checkbox"/> Rent Payment \$ _____
Public assistance	\$ _____	Utilities	\$ _____
Retirement/Pension	\$ _____	Food	\$ _____
Social Security	\$ _____	Payment on debts & credit cards	\$ _____
Child Support	\$ _____	Child Support	\$ _____
Maintenance	\$ _____	Maintenance	\$ _____
Other income to be considered	\$ _____	Medical expenses to be considered	\$ _____
_____		_____	
Total Monthly Income	\$ _____	Total Monthly Expenses	\$ _____

Assets		Debts	
Cash on Hand	\$ _____	Home loan balance	\$ _____
Bank Accounts:		Automobile loan(s)	\$ _____
Checking	\$ _____	Credit card balance(s)	\$ _____
Savings	\$ _____	Other debts to be considered	
Approximate value of home	\$ _____	_____	\$ _____
And/or other real estate	\$ _____	_____	\$ _____
Approximate value of automobile(s)	\$ _____	_____	\$ _____
(1) yr/make _____		_____	\$ _____
(2) yr/make _____		_____	\$ _____
Approximate value of personal Possessions (list)		_____	\$ _____
_____	\$ _____		
_____	\$ _____		
_____	\$ _____		
Total Assets	\$ _____	Total Debts	\$ _____

I swear/affirm under penalty of perjury that these facts are true to my best knowledge and belief.

_____ Date

_____ Your Signature

IN THE 19th JUDICIAL CIRCUIT COURT OF COLE COUNTY, MISSOURI

_____)
Full Name of Plaintiff)
_____)
Prison Number)
vs.) Case No. _____
_____)

AUTHORIZATION FOR RELEASE OF FINANCIAL INFORMATION

I, _____, hereby authorize the Presiding Judge of the Cole County Circuit Court, to obtain information from any institution or person concerning any balances, deposits or withdrawals, relating to any of my accounts at such institutions, during the past six-month period. I understand that such information will be used by the court to determine my eligibility to proceed in forma pauperis in my civil lawsuit.

Date Signature of Plaintiff
Social Security No.: _____

Subscribed and sworn to before me, the undersigned notary public, this _____ day of _____, _____.

Notary Public

My Commission expires: _____