

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

[For use with Supreme Court General Rule 23-114 NMRA]

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 (*for myself*)
- ____ General Assistance (GA)
- ____ Supplemental Security Income (SSI)
- ____ 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 \$ _____
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.

 (Signature)

 (Print Name)
 _____ Petitioner _____ Respondent
 (Pro Se)

 (Street Address)

(City, State, Zip Code)

(Telephone)

State of _____)

) ss

County of _____)

Signed and sworn to (or affirmed) before me on

_____ (date) by _____ (name
of applicant).

Notary

My commission expires: _____

**IF YOU ARE REPRESENTED BY AN ATTORNEY, YOUR ATTORNEY MUST SIGN
THE FOLLOWING CERTIFICATE.**

I, _____ (name of attorney), hereby certify that I have not
received any attorney fee to represent _____ (name of applicant). If
any attorney fee is paid to me, I understand that I shall pay to the court clerk from such
attorney fee any court fees and costs that may be waived by the court.

(Attorney signature)

Address

City, State, Zip Code

Telephone/Fax Number

[Adopted by Supreme Court Order No. 07-8300-043, effective February 25, 2008; as
amended by Supreme Court Order No. 08-8300-031, effective November 17, 2008; by
Supreme Court Order No. 10-8300-044, effective February 9, 2011.]