

2 Name:
Mailing Address:

3 Telephone No.:

4 *Pro Se*

5 **IN THE SUPERIOR COURT**
6 **OF THE**
7 **COMMONWEALTH OF THE NORTHERN MARIANA ISLANDS**

_____)	FCD-___ CIVIL ACTION NO. _____ - _____
Petitioner,)	
vs.)	PETITION AND ORDER TO
_____)	PROCEED IN FORMA PAUPERIS
Respondent.)	
_____)	

11
12 Due to financial difficulties and insufficient funding, I am unable to pay the court filing fee.
13 Pursuant to 7 CMC § 3205 and 8 CMC § 1716, I am requesting the court to allow me to proceed
14 with the above-entitled action *In Forma Pauperis* or without payment of the court fee.

15 _____
DATE PETITIONER/RESPONDENT

16 **ORDER**

17 On the basis of the In Forma Pauperis Statement mandated by 7 CMC § 3205(a), and 8 CMC
18 § 1716, IT IS HEREBY ORDERED that this case proceed in the above entitled action as follows:

- | | |
|---|--|
| <input type="checkbox"/> Without payment of all court fees and costs. | <input type="checkbox"/> Petitioner/Respondent shall make full payment made in installments of \$_____ <input type="checkbox"/> Bi-Weekly / <input type="checkbox"/> Monthly |
| <input type="checkbox"/> Granted Partial Payment of: \$_____ | <input type="checkbox"/> Denied and make full payment. |

22 SO ORDERED this _____ day of _____, 2024.

24 _____
25 JUDGE

2 Name:
3 Address:

4 Tel. No.:
5 E-Mail:

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7 **IN THE SUPERIOR COURT**
8 **OF THE**
9 **COMMONWEALTH OF THE NORTHERN MARIANA ISLANDS**

10 Name _____ FCD-___#_____

11 Petitioner,

12 vs.

13 Name,

14 Respondent.

15 **PETITION TO PROCEED IN FORMA PAUPERIS & AFFIDAVIT**

16 I, _____, am the [] Petitioner [] Respondent in the above-entitled action and a resident of
17 the Commonwealth of the Northern Mariana Islands. I am unable to pay the court fees or to give
18 security thereof and hereby make this statement under oath to support my application to the court to
19 proceed in this proceeding without payment of said fees. I believe that I am entitled to relief.

20 The nature of this case, action, proceeding, defense, or appeal is _____.

21 My age is _____. My occupation is _____.

22 I am hereby submitting a financial affidavit in support of this Petition.

23
24 _____
25 Print name

_____/s/_____
Sign name

AFFIDAVIT OF FINANCIAL STATUS MUST BE SUBMITTED WITH THIS PETITION

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**IN THE SUPERIOR COURT
OF THE
COMMONWEALTH OF THE NORTHERN MARIANA ISLANDS**

Name, _____ FCD- ___ # _____
Petitioner,
vs.
Name, _____
Respondent.

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AFFIDAVIT OF FINANCIAL STATUS

13

1. CONTACT INFORMATION:

14 Name: _____
15 Street or mailing address: _____
16 City: _____ State: _____ Zip: _____
17 Phone number: _____
18 Email Address: _____

19

2. EMPLOYMENT INFORMATION:

20 Are you now employed? ___ Yes ___ No ___ Self Employed

21 **IF YES**, provide name and address of current employer:

22 Name of Employer:
23 Address of Employer:
24 Employer's Phone Number: () Job title or description:
25 How much do you earn per month? (Including overtime pay, commission, and tips):
\$ _____

IF MARRIED, is your spouse employed? ___ Yes ___ No ___ N/A

How much does your spouse earn per month? _____

IF A MINOR under age 18, what is your parents' or guardian's approximate monthly gross income? _____

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3. Why are you asking the Court to waive your fees? (Select one: a, b, or c)

a. I receive (*check all that apply*):

- NAP (Nutrition Assistance Program aka “Food Stamps”)
- SSI (Supplemental Security Income aka “Social Security”)
- Section 8 Housing
- LIHEAP (Low-Income Home Energy Assistance Program)
- MLSC -Micronesian Legal Service Corporation representation
- Medicaid
- Pell Grant
- Other “means tested benefit” (specify):

(If you checked a, fill out Section 7 only)

b. My total gross monthly income of all household members is at or less than 125% of the US poverty standard for Hawai‘i.

2024 Monthly Poverty Guideline for Hawai‘i (Adjusted at 125%)

Household Size	Household Income	Household Size	Household Income	Household Size	Household Income
1	\$1,803	4	\$3,738	7	\$5,672
2	\$2,448	5	\$4,382	8	\$6,317
3	\$3,093	6	\$5,027	9+	Add \$645 ea

(If you checked b, you must also fill out Sections 1 and 7 only)

c. I am currently facing an economic hardship and do not have enough income to pay my household’s basic needs *and* the court fees. I ask the court to: (check one)

- Waive all court fees and costs
- Waive some of the court fees
- Let me make payments over time

(If you checked c, you must fill out all Sections)

SECTION 1: HOUSEHOLD INCOME

a. Check which definition of household you are using:

CENSUS definition: all persons who occupy a housing unit as their usual place of residence. A housing unit, an apartment, a mobile home, a group of rooms, or a single room that is occupied (or if vacant, is intended for occupancy) as separate living quarters.

TAX basis: All people who are included on my most recent tax return (myself, spouse, dependent parents, dependent children) or who would be if I filed one.

b. List all members of your household by name, age, relationship, and occupation:

Name	Age	Relationship	Occupation

I have additional household members listed at the end of this form:

The total number of household members is _____.

c. List the gross monthly income for each household member, you must include all sources of income (like earnings, rents, self-employment income, investment income, etc.) and use one of the following calculations:

Gross Weekly Income x 52 ÷ 12 = Gross Monthly Income

Gross Bi-Weekly Income x 26 ÷ 12 = Gross Monthly Income

Most Recent Annual Income ÷ 12 = Gross Monthly Income

YTD Gross Income ÷ # Weeks In Year So Far x 52 ÷ 12 = Gross Monthly Income

YTD Gross Income ÷ # Bi-Weekly Pay Period So Far = Gross Bi-weekly Income

YTD Gross Income ÷ Months Elapsed So Far = Gross Monthly Income

Name	Gross Monthly Income

I have additional household members with gross monthly income listed at the end of this form.

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The total gross monthly income for our household is _____.

(You must attach the most recent pay stubs, BGRTs, tax returns, or other documentation of income for each household member.)

If you are unable to attach proof of income for each household member, explain below why you cannot do so:

SECTION 2: GROSS MONTHLY INCOME

a. List the source and amount of *any* income you get each month, including: wages or other income from work before deductions, spousal/child support, pension and retirement, social security, disability, military basic allowance for housing (BAH) and subsistence (BAS), veterans payments, dividends, interest, trust income, annuities, net business or rental income, reimbursement for job-related expenses, gambling or lottery winnings, etc.

1.	_____	\$ _____
2.	_____	\$ _____
3.	_____	\$ _____
4.	_____	\$ _____
5.	_____	\$ _____

b. **Your total monthly income:** \$ _____

SECTION 3: CASH

a. Do you have any cash on hand? IF YES, state total amount \$ _____

b. Do you have any money in savings or checking accounts? *(List bank name and amount):*

1.	_____	\$ _____
2.	_____	\$ _____
3.	_____	\$ _____

SECTION 4: PROPERTY

2 ***EXEMPTED PROPERTIES: the following properties are exempted from consideration –***
3 ***primary family home and lot, household furniture, one automobile, furnishings, and***
4 ***appliances***

5 Other than those properties that are exempted, do you own another car, boat, or any other
6 type of vehicle? (If yes, list below):

Description:	Make / Year:	Fair Market Value:	Amount owed:
1. _____	_____	\$ _____	\$ _____
2. _____	_____	\$ _____	\$ _____
3. _____	_____	\$ _____	\$ _____
4. _____	_____	\$ _____	\$ _____
5. _____	_____	\$ _____	\$ _____

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9 Other than your primary family home, do you own Real Property/Real Estate? (If yes, list
10 below):

- 11 1. Description: _____
12 Address: _____
13 In whose name is the property titled: _____
14 Has it been probated? _____
15 Estimated Fair Market Value: _____
16 Income from Property (if any): _____
17 Amount Owed (if any): _____
- 18 2. Description: _____
19 Address: _____
20 In whose name is the property titled: _____
21 Has it been probated? _____
22 Estimated Fair Market Value: _____
23 Income from Property (if any): _____
24 Amount Owed (if any): _____
- 25 3. Description: _____
Address: _____
In whose name is the property titled: _____
Has it been probated? _____
Estimated Fair Market Value: _____
Income from Property (if any): _____
Amount Owed (if any): _____

Other than those properties that are exempted, do you own any other Personal Property (jewelry, stock, bonds, etc.)?

Description: Fair Market Value: Amount owed:

- | | | | |
|----|-------|----------|----------|
| 1. | _____ | \$ _____ | \$ _____ |
| 2. | _____ | \$ _____ | \$ _____ |
| 3. | _____ | \$ _____ | \$ _____ |
| 4. | _____ | \$ _____ | \$ _____ |
| 5. | _____ | \$ _____ | \$ _____ |

Other information pertinent to Petitioner's financial status: Use this space to (1) describe any sporadic sources of income including odd jobs, seasonal or contract work; and (2) identify any other property of value.

SECTION 5: MONTHLY DEDUCTIONS AND EXPENSES

a. List any payroll deductions and the monthly amount below:

- | | | |
|----|-------|----------|
| 1. | _____ | \$ _____ |
| 2. | _____ | \$ _____ |
| 3. | _____ | \$ _____ |
| 4. | _____ | \$ _____ |
| 5. | _____ | \$ _____ |

b. Residence Payment

- | | |
|------------------------|----------|
| 1. Rent or Mortgage | \$ _____ |
| 2. Taxes and Insurance | \$ _____ |
| 3. Maintenance | \$ _____ |

c. Food and Household Supplies

\$ _____

d. Utilities and Telephone

\$ _____

e. Clothing

\$ _____

f. Laundry and Cleaning

\$ _____

g. Medical and Dental Expenses

\$ _____

h. Insurance (Life, Health, Accident, Etc.)

\$ _____

i. Child Care

\$ _____

j. Child/Spousal Support

\$ _____

k. School

\$ _____

l. Entertainment

\$ _____

m. Incidentals

\$ _____

n. Transportation, Gas, Auto Repair, and Insurance

\$ _____

o. Installment payments (list each below):

Paid To:

- | | | |
|----|-------|----------|
| 1. | _____ | \$ _____ |
| 2. | _____ | \$ _____ |

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In addition, by my signature below, I hereby agree to make available to the CNMI Superior Court any and all documents within my possession, or within the possession of the Department of Revenue and Taxation, relating to my financial status.

Print or Type Name

_____/s/_____
Signature

WARNING: A FALSE OR DISHONEST ANSWER TO A QUESTION IN THIS AFFIDAVIT MAY BE PUNISHABLE BY FINE AND IMPRISONMENT. See 8 CMC § 3306(a)—(d).

*Upon request by the Court, Petitioner shall submit documentation of income, which may be presented to the Court in the form of the Petitioner’s two most previous pay stubs.

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A. List all other additional household members not included in Section 1:

Name	Age	Relationship	Occupation

B. List all other additional gross monthly income for each household member not included in Section 1:

Name	Gross Monthly Income