

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

STATE OF NEW MEXICO
COUNTY OF _____
FIRST 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)
- _____ Public Housing
- _____ Disability Security Income (DAI)
- _____ 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 \$ _____ of per month.
- ___ I am married, and my spouse is employed. My spouse is paid
\$ _____ per hour and works ___ 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 SPOUSES 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:

<u>Name</u>	<u>Age</u>	<u>Employment</u>	<u>I Support</u>
_____	_____	_____	()
_____	_____	_____	()
_____	_____	_____	()
_____	_____	_____	()
_____	_____	_____	()
_____	_____	_____	()

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 of this application.

(Signature)

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

(Street Address)

(City, State, Zip Code)

(Telephone)

State of _____)
County of _____) ss

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, _____, hereby certify that I have not received
(Name of Attorney)
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

4-223. Order for free process.
[For use with Supreme Court General Rule 23-114]

STATE OF NEW MEXICO
COUNTY OF _____
FIRST JUDICIAL DISTRICT COURT

Petitioner,

vs.

No. _____

Respondent.

ORDER ON APPLICATION FOR FREE PROCESS

THIS MATTER having come before the court on Petitioner's application for free process and affidavit of indigency, or upon Petitioner's attorney's certificate supporting indigency and free process pursuant to Rule 23-114(B)(2) NMRA, and the court being otherwise advised in the premises,

FINDS that:

- the applicant is entitled to free process in accordance with Rule 23-114(B)(2) NMRA.
- the applicant receives public assistance and is, therefore, entitled to free process.
- the applicant's annual income does not exceed _____ of the federal poverty guidelines, and the applicant is, therefore, entitled to free process.
- the applicant's annual gross income exceeds _____ of the federal poverty guidelines, but the applicant is not reasonably able to pay fees or costs and is, therefore, entitled to free process.
- on the basis of the applicant's available funds or annual income, the applicant is not entitled to free process.

THE COURT ORDERS that:

- the filing fee is waived.
- the filing fee is waived except for the \$ _____ alternative dispute resolution (ADR) fee.
- The applicant is granted free service of process by the Sheriff in _____

County, New Mexico for 1 2 3 4 5 or _____ summons(es), provided that the applicant first attempts service by certified mail pursuant to Rule 1-004 NMRA.

- the applicant is granted free service by the Sheriff in _____ County, New Mexico, of a temporary restraining order or _____.
- the applicant is to pay the filing fee on _____, 20_____.
- interpretation services shall be provided to the applicant.
- free process is denied.
- Other: _____
_____.

Unless specifically granted above, this order of free process does not include the following costs: jury fees, certification fees, subpoena fees for witnesses, witness fees for hearings or trials, mailings, long distance charges, transcripts for appeals or record proper, duplication fees for audiotapes or compact discs, copy charges, publication fees, or facsimile services. Application for all other costs are to be made to the judge assigned to your case. If the applicant prevails in this law suit and collects money by judgment or settlement, the court may order reimbursement for any waived costs. If the applicant is represented by an attorney who is paid an attorney fee, any fees or costs waived by this order must be deducted from an such attorney fee and paid to the court clerk. *This order is subject to revision, modification or rescission by the judge assigned to your case.*

JUDGE

4-224. Attorney's certificate supporting indigency and free process.

STATE OF NEW MEXICO
COUNTY OF _____
FIRST JUDICIAL DISTRICT COURT

Petitioner,

vs. No. _____

Respondent.

ATTORNEY'S CERTIFICATE SUPPORTING INDIGENCY AND FREE PROCESS

I, _____, hereby certify that: (check one)

I represent _____, (client name) and that my client is entitled to free process pursuant to Rule 23-114(B)(2) NMRA without the necessity of filing an application for free process or affidavit of indigency.

Or

_____, (name of self-represented litigant) has met the income qualifications of a legal service organization and attended a training program designed and presented by _____ (name of legal services organization) to assist self-represented litigants in filing their own action in court and is therefore entitled to free process pursuant to Rule 23-114(B)(2) NMRA without the necessity of filing an application for free process or affidavit of indigency. The filing of this certificate does not constitute an entry of appearance.

I further certify that I have not, nor has any legal services organization under whose auspices I am providing representation or training, received any attorney fee for representing the client named above or providing the training program to the person named above. If any attorney fee is paid to me or said legal services organization, court fees and costs shall be paid to the clerk from such fee.

Respectfully submitted,

(legal services organization or referring
local pro bono committee)

Address

City, State, Zip Code

Telephone/Fax Number