



COMMONWEALTH OF THE NORTHERN MARIANA ISLANDS
DEPARTMENT OF LABOR
ADMINISTRATIVE HEARING OFFICE

In the matter of:

Complainant,

v.

Respondent

Labor Case No. _____

REQUEST TO PROCEED
IN FORMA PAUPERIS

I, _____, am the Complainant in the above-captioned action and believe I am entitled to relief. Due to financial difficulties and insufficient funding, I am unable to pay the labor complaint filing fee. Pursuant to NMIAC § 80-20.1-455 (k), I am requesting to proceed with the above-captioned action In Forma Pauperis or without payment of the filing fee.

I understand that if I am later found not to qualify for In Forma Pauperis status, I may be ordered to pay the filing fee.

In support of this request, I submit the following Affidavit of Financial Status under penalty of perjury.

Name (Print and Sign)

Date



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**AFFIDAVIT OF
FINANCIAL STATUS**

1. BASIS FOR WAIVER

I am entitled to proceed in forma pauperis because I meet one or more of the following standards, as set forth by the Commonwealth Superior Court Rules under NMI R. IFP. 6. Indicate all that apply.

- I, or an individual in my household, receives a “means-tested” benefit.
- The total gross income of all household members is at or less than 125% of the U.S. poverty standard for the state of Hawaii.
- I am facing an economic hardship and do not have enough income to pay my household needs and the filing fee.

2. MEANS-TESTED BENEFIT

Indicate which assistance program that you or an individual in your household is currently eligible for or receiving, if any. Check all that apply.

- Nutrition Assistance Program (“NAP”)
- Social Security Benefits (“SSI”)
- Section 8 Housing
- Low-Income Home Energy Assistance Program (“LIHEAP”)
- Micronesia Legal Service Corporation (“MLSC”) Representation
- Other “means tested benefit” _____

*Note: Documentation for current eligibility for the identified program **must** be attached.*

3. GROSS MONTHLY INCOME & AVAILABLE CASH

(a) Are you currently employed?

- Yes. If so, provide average monthly gross income (including overtime pay, commission, and/or tips): _____
- No. If so, indicate date of last employment and amount earned:

(b) Itemize the source and amount of any income **you** receive, including, but not limited to, spousal/child support, military stipends, gambling/lottery winnings, settlements, judgments and rental income.

Source(s) of Income	Amount
	\$
	\$
	\$
	\$
Total	\$

(c) Describe any sporadic sources of income (i.e., frequency and amount) such as odd jobs, seasonal work, temporary or contract work.

(d) Do you have any money in savings or checking accounts?

Bank Name/Account	Amount
	\$
	\$
	\$
Total	

(e) Do you have any cash on hand? If yes, state amount: _____.

4. HOUSEHOLD INCOME

List all members of your household by name, age, relationship, occupation and gross monthly income, if any. In calculating income, you must include all sources of income (i.e., wage earnings, rents, self-employment income, investments income, property, etc.).

Upon request, you must attach the most recent paystubs, BGRts, tax returns, or other documents of income for each household member.

(a) Name: _____
 Age: _____ Relationship: _____ Occupation: _____

Source(s) of Income	Amount
	\$
	\$
	\$
Total	\$

(b) Name: _____
 Age: _____ Relationship: _____ Occupation: _____

Source(s) of Income	Amount
	\$
	\$
	\$
Total	\$

(c) Name: _____
 Age: _____ Relationship: _____ Occupation: _____

Source(s) of Income	Amount
	\$
	\$
	\$
Total	\$

5. PROPERTY

The following properties are exempted from consideration: the primary family home and lot, household furniture, one automobile, furnishings, and appliances.

(a) Aside from the above-mentioned exempted properties, do you own another car, boat, or any other type of vehicle? If so, describe the make/model, year, fair market value, and any amount owed on said property.

(b) Aside from your primary family home, do you own real property/real estate? If so, indicate address, title-owner, estimated fair market value, income from property, if any, and any amount owed for said property.

6. MONTHLY DEDUCTIONS AND EXPENSES

Type of Deduction or Expenses	Monthly Amount
Payroll deductions or wages withheld by Court Order	\$
Residence (i.e., rent, taxes, insurance, maintenance)	\$
Food and Household Supplies	\$
Transportation Expenses (i.e., car payments, gas, repair)	\$
School or Education Expenses	\$
Other Expenses	\$
Total	\$

7. OTHER SPECIAL CIRCUMSTANCES

Explain any other special circumstances that you want to have considered in support of your request.

8. DECLARATION

I declare under penalty of perjury that the foregoing, including any attachment, is true and correct and that this declaration is executed at [] Saipan [] Tinian [] Rota, on this _____ day of _____, 2020.

Signature _____ Date

For Office Use Only	
This request is: [<input type="checkbox"/>] Granted [<input type="checkbox"/>] Denied	
Comments: _____	

_____	_____
Administrative Hearing Officer or Designee	Date