

Commonwealth of the Northern Mariana Islands

Department of Labor Administrative Hearing Office



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In Re Matter of:)	Labor Case No.	
	v.	Complainant,)))))	REQUEST TO PROCEED IN FORMA PAUPERIS	
		Respondent.)))		

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-BASED 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. Documentation demonstrating current eligibility for the identified program **must** be attached to this request.

Nutrition Assistance Program ("NAP")

Social Security Benefits ("SSI")

Section 8 Housing

Low- Income Home Energy Assistance Program ("LIHEAP")

Micronesian Legal Service Corporation ("MLSC") Representation

Other "means tested benefit":

3. EXPECTED OR AVAILABLE INDIVIDUAL INCOME

Answer the following questions.	Upon request, you must	attach the most recent pa	ystubs, BGRTs,	tax returns, or
other documents of income for e	ach household member.			

Are you currently employed?
Yes. If so, indicate average monthly gross income (including overtime pay, commission, tips):
No. If so, indicate date of last employment and amount earned:
) Indicate the source and amount of any income you receive, including, but not limited to spousal/child pport, military stipends, gambling/lottery winnings, settlements, judgments, and rental income.
Describe any sporadic source of income (frequency and amount) such as odd jobs, season work, temporary ojects, or contract work.
) Indicate the total amount of available money you currently have (including checking, savings, or cash).

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.

5. PROPERTY
Answer the following questions. Please note 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, titleowner, estimated fair market value, income from property, if any, and any amount owed for said property.
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6. MONTHLY DEDUCTIONS & EXPENSES
Indicate the average monthly amount of any applicable deduction or expense.
Payroll deductions or wages withheld by Court Order:
Residence (i.e., rent, taxes, insurance, and/or maintenance):
Food and household supplies:
Transportation expenses (i.e., car payments, gas, repair):
Other (please specify type and amount):
7. OTHER SPECIAL CIRCUMSTANCES
Explain any other special circumstances that you want to have considered in support of your request.
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 declare under penalty of perjury that the foregoing, including any attachment, is true and correct.

Complainant Signature (Print and Sign)

Date