

Civil Court of the City of New York

County of _____
Part _____

Index Number _____

In the Matter of the Application of

AFFIDAVIT IN SUPPORT OF
AN APPLICATION TO
PROCEED AS A POOR PERSON
AND TO WAIVE COURT FEES

to prosecute as a poor person against

State of New York, County of _____ ss:

_____, being duly sworn, deposes and says:

PRINT YOUR NAME

1. I am the party named as _____ in the above titled action.

2. I reside at _____

3. I seek to proceed in the above titled action.

4. I have a good and meritorious cause of action in that

5. I request that an Order be granted:

- waiving any and all statutory fees for the defense or prosecution of the action,
- waiving the fee for the filing of a Notice of Appeal
- other (Specify) _____

6. I make this application based on CPLR §1101. I do not have, nor am I able to obtain, the funds needed to pay the court fees. I will be unable to proceed unless the Order is granted.

7. I am/am not a recipient of Public Assistance from the Department of Social Services of the City of New York.

8. I have no income other than the sum of \$ _____ per _____ from

9. I own no property of any kind except necessary personal wearing apparel and

[Indicate other property and the value of such property]

10. No other person is beneficially interested in the recovery sought.

11. a) I have not made a previous application for this or similar relief.
 b) I have made previous application(s) for this or similar relief, but I am making this further application because _____

Sign your name _____

Sworn to before me this _____ day of _____ 20__

Print your address _____

Signature of Court Employee and Title

Telephone Number _____