

INSTRUCTIONS: MAKE SURE YOUR PAPERS DO NOT HAVE ANY BLANK SPACES. EACH LINE REQUIRES AN ANSWER EVEN IF THE ANSWER IS NOT APPLICABLE. YOUR PAPERS MUST CONTAIN YOUR NAME, THE NAME OF THE PERSON YOU ARE PROCEEDING AGAINST AND YOUR INDEX NUMBER. CAREFULLY REVIEW YOUR PAPERS TO MAKE SURE YOU HAVE PROVIDED ALL REQUIRED INFORMATION. PLEASE PRINT YOUR ANSWERS AND USE BLACK INK ONLY.

**SUPREME COURT OF THE STATE OF NEW YORK
COUNTY OF QUEENS**

-----X

Index No. _____

Plaintiff(s)/Petitioner(s)
- AGAINST -

*****INSERT THE EXACT
CAPTION AS IT APPEARS ON
EITHER THE PETITION OR
THE SUMMONS*******

Defendant(s)/Respondent(s)

-----X

**AFFIDAVIT IN SUPPORT
APPLICATION TO PROCEED
AS A POOR PERSON**

STATE OF NEW YORK } ss:
COUNTY OF _____ } **[INSERT COUNTY WHERE PAPERS SIGNED]**

_____ **[YOUR NAME], being duly sworn, says:**

1. I am the Plaintiff/Petitioner/Defendant/Respondent (STRIKE THOSE THAT DO NOT APPLY.) I reside at _____ [YOUR ADDRESS] in the County of _____ [INSERT COUNTY OF RESIDENCE] and State of New York.

2. I am about to prosecute/commence/defend (STRIKE THOSE THAT DO NOT

APPLY) an action/special proceeding for **[BRIEFLY DESCRIBE THE NATURE OF THE RELIEF SOUGHT]:** _____

This action is based upon **[DESCRIBE BRIEFLY THE FACTUAL BASIS FOR THE ACTION/SPECIAL PROCEEDING ABOUT TO BE PROSECUTED/COMMENCED/DEFENDED]:**

3. My sole source of income is **[STATE IN DETAIL HOW YOU EARN/RECEIVE ALL OF YOUR INCOME].** _____

I earn \$ _____ per _____ **[SUBMIT PROOF OF THE AMOUNT, I.E. PAY STUB, W-2, AWARD LETTER, PUBLIC ASSISTANCE I.D. CARD]:** _____

4. I support myself and _____ **[INSERT ACTUAL NUMBER]** others in my household.

5. My property and their values are as follows: **[DESCRIBE IN DETAIL] if you own a**

house or condominium, please list the approximate value of the property, monthly mortgage payments or monthly maintenance charges. Please advise the court if your mortgage is in arrears and if a foreclosure proceeding has been commenced against you. If a foreclosure proceeding has been commenced please provide the court with the index number. _____

6. I make this application pursuant to Section 1101 of the Civil Practice Law and Rules upon the ground that I am unable to pay costs, fees and expenses necessary to prosecute/commence/defend the case and am unable to obtain the funds to do so, and unless an order is entered relieving me from the obligation to pay, I will be unable to prosecute/commence/defend the case.

7. No previous application for the same or similar relief has been made by me in this case or any other matter in this court except: _____

[IF ANY PRIOR REQUEST HAS BEEN MADE, PROVIDE A DESCRIPTION OF WHERE AND WHEN THE REQUEST WAS MADE. ADVISE THE COURT IF THE APPLICATION WAS GRANTED OR DENIED. IF THE POOR PERSON

APPLICATION WAS DENIED, PLEASE EXPLAIN WHY YOU BELIEVE YOU ARE ENTITLED TO APPLY AGAIN]._____

WHEREFORE, I respectfully ask for an order permitting me to prosecute/commence/ defend this action/special proceeding as a poor person.

I hereby swear under the penalty of perjury that all information provided by me regarding my income and inability to pay court costs, fees and expenses are accurately reported in the above statement.

Plaintiff/Petitioner/Defendant/Respondent

[SIGN ABOVE IN THE PRESENCE OF A NOTARY PUBLIC]

[PRINT YOUR NAME]

Sworn to before me this

_____ day of _____, 20__

Notary Public