

SUPREME COURT, CIVIL BRANCH
NEW YORK COUNTY
60 Centre St., New York, NY 10007
Help Center
Room 116, (646) 386-3125

How to Apply for Poor Person Status

A person with limited financial resources may apply to the court for an exemption from paying court filing fees. This is done by submitting to the court an affidavit about your income and assets. The affidavit must show the court that you are unable to pay and cannot proceed with your lawsuit without an order granting the exemption.

The affidavit is submitted with the "Poor Person Order" (both forms are attached), proof of income and the papers that will start the lawsuit (see below).

To process your request, you must fill out and submit items 1-4 listed below:

1. Poor Person application papers

Poor Person Order – this is the order the Judge signs if you are granted poor person status.

Affidavit in Support – this form gives the Judge your income information.

It must be signed in front of a notary. There is a free notary at the County Clerk's Office, 60 Centre St., Room 141B in the Basement.

Litigation Back – this form gives the names of the parties in the lawsuit, your name, address, and telephone number where you can be contacted by the court.

2. A photo ID – you must submit a copy of your ID.

3. Current proof of the amount of your income:

- public assistance: budget letter or original ATM or cashier's receipt
- social security: award letter (may be obtained at 26 Federal Plaza, 31st Floor)
- workers compensation/unemployment benefits: statement showing dollar amount received
- pension benefits: statement showing dollar amount received
- student loans: statement showing dollar amount received
- employed: pay stub
- you are a dependent of someone else, his or her notarized affidavit is required

If you do not meet any of these requirements, ask the Clerk in Room 116 for further instructions.

4. The papers to start your lawsuit:

- an action: the Summons and Complaint
- a special proceeding: the Notice of Petition or Order to Show Cause papers and the Request for Judicial Intervention (RJI) form.
- a *divorce*: Summons with Notice

*See the pamphlet 'How to Commence a Civil Action', 'How to Commence a Special Proceeding' or the 'Uncontested Divorce Kit, available in Room 116.

*The papers to start your lawsuit must satisfy the Judge

CORTE SUPREMA, CONDADO DE NUEVA YORK,
CENTRO DE AYUDA
60 Centre Street, Sala 116, Nueva York, NY 10007 –
Tel. 646-386-3120

(Advertencia: el Centro de ayuda no puede proporcionar servicios legales, asesoramiento legal ni actuar como su defensor. Para consulta legal, solicite información como el Colegio de Abogados de Nueva York o diferentes grupos de servicios legales.)

1. Rellene el formato para personas pobres y la declaración jurada de ingresos en la cual solicita a la corte que no le cobren los honorarios del tribunal. (Se adjuntan formatos). Por favor notarize la declaración jurada de ingresos en la sala 141-B. Adjunte pruebas donde muestra que es una persona de bajos recursos y no puede pagar los honorarios del tribunal. Además adjunte copia de su identificación con foto. Borre la información personal como Numero del Seguro Social, fechas de nacimiento y números de cuentas bancarias para proteger su privacidad.

También debe de preparar y adjuntar los siguientes formatos:

- a) Citación y Demanda (Summons and complaint), O, b) Notificación de Petición y Petición (Notice of Petition and Petition), O c) Orden para Demostrar Causa y Petición (Order to Show Cause and Petition) O, d) Citación con Notificación (Summons With Notice).
2. Haga copias de todo para usted, los originales presentelos en la sala 116 (Centro de Ayuda). La Oficina del Escribano del Condado emitirá un Número de Índice para su caso y un juez revisará la solicitud de Persona Pobre. Puede recoger la orden firmada y otros documentos en la sala 141-B, después de cuatro días hábiles.
 3. Si el juez firma y le otorga la solicitud de Persona Pobre, no tendrá que pagar el Número de Índice ni otros honorarios del tribunal. Si el juez rechaza su solicitud de Persona Pobre, debe pagar \$ 210.00 por el número de índice dentro de los 120 días o su caso será cancelado.
 4. Una vez terminado el Procedimiento de Persona Pobre, asegúrese de seguir los pasos necesarios para presentar su caso. Por ejemplo, otra persona que no sea usted debe de hacer entrega de los documentos a su adversario/a (persona a la que esta demandando). Debe de presentar al tribunal la declaración jurada por escrito notarizada donde muestra que se ha hecho la entrega. Si está presentando un Procedimiento Especial, después de obtener un Número de Índice, debe presentar la Petición Original, el Formato RJI y otros documentos en la Oficina del Escribano De La Sala De Mociones (Sala 130) o en la Sala Ex Parte (Sala 311) para poner su caso en el calendario.

[Print in **black** ink all areas in bold letters.

At an Ex Parte part of the Supreme Court of the State of New York, held in and for the County of New York, at the Courthouse thereof, 60 Centre Street, New York, N.Y., on the ____ day of _____, 20__

PRESENT: HON. _____
Justice of the Supreme Court

-----x
In the Matter of the Application of

[fill in name(s)] Plaintiffs/Petitioner(s),

For leave to bring a matter as a Poor Person an Action pursuant to Article 11 of the Civil Practice Law and Rules - against -

Index Number

POOR PERSON ORDER

[fill in name(s)] Defendants/Respondent(s)
-----x

Upon the affidavit of applicant [your name] _____, sworn to on [date the Summons and Complaint/Petition/Summons with Notice was notarized] _____ and the Summons and Complaint/Petition/Summons with Notice [circle one] dated [date the Summons and Complaint/Petition/Summons with Notice was completed] _____ and it being alleged that applicant has a good cause of action or claim based upon [briefly describe the kind of lawsuit being brought] _____.

And it being alleged that applicant is unable to pay costs, fees and disbursements to bring this action, and that there is no other person beneficially interested in this matter, the application is hereby

GRANTED, and it is ORDERED, that applicant is permitted to bring this action or proceeding as a poor person against [name of defendants] _____

and it is further Ordered that any recovery by judgment or settlement in favor of applicant shall be paid to the clerk of the court to await distribution pursuant to court order, and that the Clerk of Court shall make no charge for court costs or fees in this case, including one certificated copy of the judgment and notice of appeal fee.

DENIED, and it is ORDERED that, pursuant to CPLR 1101(d), and in accordance with that Section, applicant is notified that if the required Index number fees are not paid within 120 days of this Order, this action will be dismissed, and the Clerk of this court is hereby directed to enter judgment dismissing this action if the Index number fee is not paid within 120 days of this Order. Service of any papers containing the above index number after denial of the CPLR 1101(d) application and prior to payment of the index number fee must be made with a copy of this order annexed, including the explanation that if the index number fee is not paid within 120 days of this order, the action will be dismissed.

ENTER:

J.S.C.

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

-----X
In the Matter of the Application of

Index Number

[your name] Plaintiff(s)/Petitioner(s),

AFFIDAVIT IN SUPPORT OF
APPLICATION TO PROCEED
AS A POOR PERSON

- against -

[fill in name(s)] Defendant(s)/Respondent(s)

-----X
STATE OF NEW YORK)
COUNTY OF NEW YORK) ss:

[Your name] _____ being duly sworn, deposes and says:

1. I reside at [your full address] _____ in
the action/proceeding for [briefly describe the type of case you are bringing] _____

2. My source(s) of income are as follows [check all that apply and fill in blanks]:

I am employed at [name of employer] _____ and earn \$ _____ [circle one] wk/mo.

I receive government benefits as follows:

Food stamps [amount] \$ _____ [circle one] per wk/mo.

Unemployment Insurance [amount] \$ _____ [circle one] per wk/mo.

Public Assistance [amount] \$ _____ [circle one] per wk/mo.

Social Security Income/Disability or Worker's Compensation [amount] \$ _____ [circle one] per wk/mo.

Other [describe source] _____ and receive \$ _____ [circle one] per wk/mo.

3. I support myself and [list of all dependents] _____

4. A prior application [circle one] has not/ has been made for the relief requested. [If you made this
application before, explain why you are doing so again. Attach copies of prior denial(s)]. _____

WHEREFORE, I respectfully request that this application be granted.

Sworn to before me

_____ day of _____, 20_____

[sign your name in front of a notary]

Notary Public

[print your name]

*****NOTICE OF ENTRY*****

Sir/Madam:

Please take notice that the within is a (certified) true copy of a

_____ duly entered in the office of the clerk of
the within named court on the ___ day of _____, 20__

Dated: _____ Yours, etc.

Attorney for: _____

_____ Office and Post

_____ Office Address

To:

Attorney(s) for _____

*****NOTICE OF SETTLEMENT*****

Sir/Madam:

Please take notice that an _____
of which the within is a true copy will be presented for settlement
to the Hon. _____, one of the Justices
of the within court, at _____, on
_____, 20__ at _____ AM/PM.

Dated: _____, 20__ Yours, etc.

Presenting Party _____

To: _____

Attorney(s) for _____

INDEX NUMBER _____

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

In the Matter of the Application of

_____,
Petitioner,

- against -

_____,
Respondent,

To the best of my knowledge, information and belief, formed
after an inquiry reasonable under the circumstances, the presentation
of these papers and the contentions therein are not frivolous as defined
in subsection (c) of section 130 1.1 of the Rules of the Chief
Administrator (22NYCRR).

Sign Name: _____

Print Name: _____

Address: _____

Telephone: _____

Service of a copy of the within is hereby admitted

Dated: _____, 20__

Attorney for _____