

STATE OF NORTH CAROLINA

File No.

County

In The General Court Of Justice
District Superior Court Division

Name Of Plaintiff
VERSUS
Name Of Defendant

PETITION TO PROCEED AS AN INDIGENT

G.S. 1-110; 7A-228

AFFIDAVIT

(check one of the four boxes below)

- Petition To Assert Claims - As a party in the above entitled action, I affirm that I am financially unable to advance the required costs for the prosecution of the claims I have asserted.
Petition To File Motions - As a party in the above entitled action, I affirm that I am financially unable to advance the required costs to file a notice of hearing on a motion.
Petition To Appeal - As the individual appellant in the above entitled small claims action, I affirm that I am financially unable to pay the cost for the appeal of this action from small claims to district court.
Petition To File Expunction Petition - As the petitioner in the above entitled action, I affirm that I am financially unable to advance the required costs to file an expunction petition.

(check one or more of the boxes below as applicable)

- I am presently a recipient of Supplemental Nutrition Assistance Program (SNAP/food stamps), Temporary Assistance for Needy Families (TANF), Supplemental Security Income (SSI).
I am represented by a legal services organization that has as its primary purpose the furnishing of legal services to indigent persons, or I am represented by private counsel working on behalf of such a legal services organization.
Although I am not a recipient of SNAP/food stamps, TANF, or SSI, nor am I represented by legal services, I am financially unable to advance the costs of filing this action or appeal.

SWORN/AFFIRMED AND SUBSCRIBED TO BEFORE ME

Date
Signature Of Petitioner
Name And Address Of Petitioner (type or print)
Date Commission Expires

CERTIFICATE OF LEGAL SERVICES/PRO BONO REPRESENTATION

I certify that the above named petitioner is represented by a legal services organization that has as its primary purpose the furnishing of legal services to indigent persons or is represented by private counsel working on behalf of or under the auspices of such legal services organization.

Date
Signature
Name And Address (type or print)

ORDER

Based on the Affidavit appearing above, it is ORDERED that:

- the petitioner is authorized to assert claims or to file notices of hearing or petitions in this action as an indigent.
the petition is denied.

Date
Signature
Assistant CSC
Clerk Of Superior Court
Judge

NOTE TO CLERK: If the petitioner is NOT a recipient of SNAP/food stamps, TANF, SSI or is NOT represented by legal services or a private attorney on behalf of legal services, you may ask for additional financial information to determine whether the petitioner is unable to pay the costs.

ORDER - APPEAL FROM MAGISTRATE JUDGMENT IN SMALL CLAIMS ACTION

The undersigned considered the following information and evidence in addition to the Affidavit appearing above:

(choose 1 or 2 if authorizing the petitioner to appeal as an indigent)

- 1. The Court finds that the petitioner is unable to pay the costs of appeal and meets the following criteria listed in G.S. 1-110(a):
 - Petitioner receives electronic food and nutrition benefits.
 - Petitioner receives Work First Family Assistance.
 - Petitioner receives Supplemental Security Income (SSI).
 - Petitioner is represented by a legal services organization that has as its primary purpose the furnishing of legal services to indigent persons.
 - Petitioner is represented by private counsel working on the behalf of or under the auspices of a legal services organization that has as its primary purpose the furnishing of legal services to indigent persons.

- 2. The Court finds that the petitioner does not meet any of the criteria listed in G.S. 1-110(a), but is unable to pay the costs of appeal based on the following:

Based on the Affidavit and findings appearing above, it is ORDERED that:

- the petitioner is authorized to appeal in this small claims action as an indigent.
- the petition is denied.

Date	Signature	<input type="checkbox"/> Assistant CSC <input type="checkbox"/> Clerk Of Superior Court <input type="checkbox"/> Judge <input type="checkbox"/> Magistrate
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ORDER - DIVISION OF PRISONS INMATES

The undersigned superior court judge of this district finds that the petitioner is an inmate in the custody of the Division of Prisons of the Department of Adult Correction and that the complaint

- is not frivolous.
- is frivolous.

It is ORDERED that

- the petitioner is authorized to sue in this action as an indigent.
- the petitioner is not authorized to sue as an indigent.
- the action is dismissed.

Date	Name Of Superior Court Judge (type or print)	Signature Of Superior Court Judge
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CERTIFICATION

I certify that this Petition has been served on the party named by depositing a copy in a post-paid properly addressed envelope in a post office or official depository under the exclusive care and custody of the United States Postal Service.

Date	Signature	<input type="checkbox"/> Deputy CSC <input type="checkbox"/> Assistant CSC <input type="checkbox"/> Clerk Of Superior Court
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NOTE: G.S. 1-110(b) provides: "The clerk of superior court shall serve a copy of the order of dismissal upon the prison inmate."