

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Self-Represented

**Goodsprings Justice Court  
Clark County, Nevada**

STATE OF NEVADA  
Plaintiff,

vs.

Case No.: \_\_\_\_\_

\_\_\_\_\_  
Citation Holder,

**Application In Forma Pauperis Civil Traffic Infraction**

I am unable to pay the costs of prosecuting or defending this action. I request permission to proceed without paying costs or fees pursuant to NRS 12.015 based on the following:

1. **Public Assistance** includes Medicaid, Nevada Check Up, SNAP (food stamp assistance), TANF, Low-income energy assistance, Child Care & Development fund assistance. Please indicate whether or not you receive on or more of the above listed benefits.

\_\_\_ Yes, I receive one or more of the above listed.

Specify \_\_\_\_\_

\_\_\_ No, I do not receive any of the above listed benefits.

2. **Household Members:** In my household there are \_\_\_\_\_ adults (over 18) and \_\_\_\_\_ Children (under 18) for a total of \_\_\_\_\_ people.

3. **Income** includes employment (include tips/overtime), unemployment, retirement, pension, social security, child support. Please list all income for household members (all amounts listed should be after taxes are taken out.):

<b>Monthly Household Income</b>	
Adult #1 Monthly Income	\$
Adult #2 Monthly Income	\$
Adult #3 Monthly Income	\$
Adult #4 Monthly Income	\$
Adult #5 Monthly Income	\$
<b>TOTAL MONTHLY HOUSEHOLD INCOME</b>	<b>\$</b>

4. **My basic monthly expenses include:** Fill out the chart below

<b>Monthly Expenses</b>	
Rent / Mortgage	\$
Utilities (electricity, gas, phone, other utilities)	\$
Food	\$
Child Care	\$
Medical Expenses (including health insurance)	\$
Transportation (insurance, gas, bus fare, etc.)	\$
Other	\$
<b>TOTAL MONTHLY EXPENSES</b>	\$

5. **Other Compelling Reason,** Explain why you cannot pay the filing fee.


I declare under penalty of perjury under the law of the State of Nevada that the foregoing is true and correct.

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Printed Name Signature Date

You may electronically sign and submit this form, or you may email it to [GoodspringsJCPR@clarkcountynv.gov](mailto:GoodspringsJCPR@clarkcountynv.gov) or Fax it to 702-874-1612

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**FOR COURT USE ONLY**  
**COURT ORDER**

Upon consideration of the movant’s Application to Proceed in Forma Pauperis, and good cause appearing therefore,

The Application to Proceed in Forma Pauperis is **GRANTED**. The application shall be permitted to proceed with fees and costs waived in this action as permitted by NRS 12.015.

The Application to Proceed in Forma Pauperis is **DENIED** for the following reasons:

The applicant is not indigent within the meaning of NRS 12.01.5.

The application was incomplete or not legible.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Justice of the Peace/Clerk of the Court