APPENDIX A. N.D.R.App.P. 12 Petition To Waive Filing Fee Upon Showing Of Indigency

IN THE SUPREME COURT

STATE OF NORTH DAKOTA

,	}	
<u>Plaintiff,</u>	}	
	}	<u>N.D.R.APP.P. 12</u>
	}	PETITION TO WAIVE FILING FEE
	}	ON APPEAL AND AFFIDAVIT
<u>vs.</u>	}	
	}	
,	Ł	Supreme Court No
Defendant.	}	

I, _____, being first duly sworn, say:

I am the ______ (plaintiff or defendant) in this case. Because of my

poverty, I am unable to pay the filing fee on appeal. I believe I am entitled to redress, and the issues that I wish to present on appeal are as follows:

In further support of this petition, I answer the following questions:

1. Are you presently employed? Yes ____ No ____

(a) If the answer is yes, state your current salary or wages per month (list both

gross and net salary).

(b) If the answer is yes, state the name and address of your employer.

(c) If the answer is no, state the date of last employment and the amount of salary or wages per month which you received.

2. Have you received, within the last 12 months, any income from any of the following sources?

(a) Business, profession or other form of self-employment? Yes ____ No ____
(b) Rent payments, interest or dividends? Yes ____ No ____

(c) Pensions, annuities or life insurance payments? Yes No		
(d) Gifts or inheritances? Yes No		
(e) Any other sources? Yes No		
(f) If the answer to any of the above is yes, please state the sources of the additional		
income and the amount that was received from each during the past 12 months.		
3. Do you own cash or have a checking or savings account? Yes No		
(a) If the answer to the above question is yes, please state the current balance in the		
checking or savings account and the amount of cash on hand.		
(checking)		
(savings)		
(cash)		
4. Do you currently own real estate, stocks, bonds, notes, an automobile, other valuable property,		
excluding household furnishings and clothing? Yes No		
(a) If the answer to the above question is yes, please describe the property and state its		
approximate value.		

5. List the persons who are dependent upon you for support, state your relationship to those

persons, and indicate how much you pay toward their monthly support.

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

Dated this day of , 20 .

<u>Name</u> <u>Address</u> <u>City/State/Zip Code</u> <u>Telephone number</u>

Notary Public

My Commission expires:

<u>CERTIFICATE</u> (Prisoner Accounts Only)

I certify that the petitioner has the sum of \$_____ on account at the

institution where the petitioner is confined. I further certify that the

prisoner likewise has the following securities according to the records of said institution.

Authorized Officer of Institution

Dated: