

1 Name:
Address:

2 Phone:

3 Pro Se,

4 **IN THE SUPERIOR COURT**
5 **OF THE**
6 **COMMONWEALTH OF THE NORTHERN MARIANA ISLANDS**

)	FCD-____ CIVIL ACTION NO.____ - _____
Petitioner(s),)	
vs.)	MOTION AND ORDER TO PROCEED IN FORMA PAUPERIS
)	
Respondent(s).)	

12 Due to financial difficulties and insufficient funding, I am unable to pay the court filing fee.
13 Pursuant to 7 CMC §3205 and 8 CMC §1716, I am requesting the court to allow me to proceed with
14 the above entitled action *In Forma Pauperis* or without payment of the court fee.

DATE	PETITIONER/RESPONDENT
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17 **ORDER**

18 On the basis of the In Forma Pauperis Statement mandated by 7 CMC §3205(a), and 8 CMC
19 §1716, IT IS HEREBY ORDERED that this case proceed in the above entitled action as follows:

- | | |
|-------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Without payment of the court filing fee.

<input type="checkbox"/> Granted Partial Payment: \$ _____ | <input type="checkbox"/> Petitioner/Respondent shall make full payment and payable in
installment of \$ _____ Bi-Weekly/Monthly

<input type="checkbox"/> Denied and make full payment. |
|-------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

23 SO ORDERED this _____ day of _____, 20____.

25 _____