

2 Name:
Mailing Address:

3 Telephone No.:

4 *Pro Se*

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

7 _____, _____ FCD- _____ CIVIL ACTION NO. _____ -
8 Petitioner, _____)
9 vs. _____)
10 _____, _____)
11 Respondent. _____)
12 _____)

**PETITION AND ORDER TO
PROCEED IN FORMA PAUPERIS**

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
14 with the above-entitled action *In Forma Pauperis* or without payment of the court fee.

15 DATE

PETITIONER/RESPONDENT

16 **ORDER**

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

19 Without payment of all court fees and costs. Petitioner/Respondent shall make full payment made in
20 installments of \$_____ Bi-Weekly / Monthly

21 Granted Partial Payment of: \$_____ Denied and make full payment.

22 SO ORDERED this _____ day of _____, 2026.

23
24 JUDGE
25

2 Name:
Address:

3
4 Tel. No.:
5 E-Mail:

6
7 **IN THE SUPERIOR COURT
OF THE
COMMONWEALTH OF THE NORTHERN MARIANA ISLANDS**

8
9 _____,

10 Petitioner,

11 vs.

12 _____,

13 Respondent.

14 FCD- # _____

15 **PETITION TO PROCEED IN FORMA PAUPERIS & AFFIDAVIT**

16 I, _____, am the [] Petitioner [] Respondent in the above-
17 entitled action and a resident of the Commonwealth of the Northern Mariana Islands. I am unable to
18 pay the court fees or to give security thereof and hereby make this statement under oath to support
my application to the court to proceed in this proceeding without payment of said fees. I believe that
I am entitled to relief.

19 The nature of this case, action, proceeding, defense, or appeal is _____.

20 My age is _____. My occupation is _____.

21 I am hereby submitting a financial affidavit in support of this Petition.

22
23
24 Print name

25 Sign name

AFFIDAVIT OF FINANCIAL STATUS MUST BE SUBMITTED WITH THIS PETITION

**IN THE SUPERIOR COURT
OF THE
COMMONWEALTH OF THE NORTHERN MARIANA ISLANDS**

Petitioner,

VS.

Respondent.

FCD-____ #_____

AFFIDAVIT OF FINANCIAL STATUS

1. CONTACT INFORMATION:

Name: _____

Street or mailing address: _____

City: _____ State: _____ Zip: _____

Phone number: _____

Email Address: _____

2. EMPLOYMENT INFORMATION:

Are you now employed? Yes No Self Employed

IF YES, provide name and address of current employer:

Name of Employer:

Address of Employer:

Employer's Phone Number: () Job title or description:

How much do you earn per month? (Including overtime pay, commission, and tips):

\$

IF MARRIED, is your spouse employed? Yes No N/A

How much does your spouse earn per month?

IF A MINOR under age 18, what is your parents' or guardian's approximate monthly gross income? _____

2

3 **3. Why are you asking the Court to waive your fees? (Select one: a, b, or c)**

4 a. I receive (*check all that apply*):

5 NAP (Nutrition Assistance Program aka “Food Stamps”)
6 SSI (Supplemental Security Income aka “Social Security”)
7 Section 8 Housing
8 LIHEAP (Low-Income Home Energy Assistance Program)
9 MLSC -Micronesian Legal Service Corporation representation
Medicaid
Pell Grant
Other “means tested benefit” (specify):

10 **(If you checked a, fill out Section 7 only)**

11 b. My total gross monthly income of all household members is at or less than 125% of
12 the US poverty standard for Hawai‘i.

13 2026 Monthly Poverty Guideline for Hawai‘i (Adjusted at 125%)

Household Size	Household Income	Household Size	Household Income	Household Size	Household Income
1	\$1,913	4	\$3,953	7	\$5,994
2	\$2,593	5	\$4,633	8	\$6,674
3	\$3,273	6	\$5,314	9+	Add \$680 ea

14 **(If you checked b, you must also fill out Sections 1 and 7 only)**

15 c. I am currently facing an economic hardship and do not have enough income to pay
16 my household’s basic needs *and* the court fees. I ask the court to: (check one)

17 Waive all court fees and costs

18 Waive some of the court fees

19 Let me make payments over time

20 **(If you checked c, you must fill out all Sections)**

SECTION 1: HOUSEHOLD INCOME

a. Check which definition of household you are using:

CENSUS definition: all persons who occupy a housing unit as their usual place of residence. A housing unit, an apartment, a mobile home, a group of rooms, or a single room that is occupied (or if vacant, is intended for occupancy) as separate living quarters.

TAX basis: All people who are included on my most recent tax return (myself, spouse, dependent parents, dependent children) or who would be if I filed one.

b. List all members of your household by name, age, relationship, and occupation:

Name	Age	Relationship	Occupation

I have additional household members listed at the end of this form:

The total number of household members is _____.

c. List the gross monthly income for each household member, you must include all sources of income (like earnings, rents, self-employment income, investment income, etc.) and use one of the following calculations:

Gross Weekly Income \times 52 \div 12 = Gross Monthly Income

Gross Bi-Weekly Income \times 26 \div 12 = Gross Monthly Income

Most Recent Annual Income \div 12 = Gross Monthly Income

YTD Gross Income \div # Weeks In Year So Far \times 52 \div 12 = Gross Monthly Income

YTD Gross Income \div # Bi-Weekly Pay Period So Far = Gross Bi-weekly Income

YTD Gross Income \div Months Elapsed So Far = Gross Monthly Income

Name	Gross Monthly Income

I have additional household members with gross monthly income listed at the end of this form.

The total gross monthly income for our household is _____.

(You must attach the most recent pay stubs, BGRTs, tax returns, or other documentation of income for each household member.)

If you are unable to attach proof of income for each household member, explain below why you cannot do so:

SECTION 2: GROSS MONTHLY INCOME

a. List the source and amount of **any** income you get each month, including: wages or other income from work before deductions, spousal/child support, pension and retirement, social security, disability, military basic allowance for housing (BAH) and subsistence (BAS), veterans payments, dividends, interest, trust income, annuities, net business or rental income, reimbursement for job-related expenses, gambling or lottery winnings, etc.

1.	_____	\$ _____
2.	_____	\$ _____
3.	_____	\$ _____
4.	_____	\$ _____
5.	_____	\$ _____

b. Your total monthly income:

SECTION 3: CASH

a. Do you have any cash on hand? IF YES, state total amount \$ _____
b. Do you have any money in savings or checking accounts? (*List bank name and amount*):

1. _____ \$ _____
2. _____ \$ _____
3. _____ \$ _____

SECTION 4: PROPERTY

EXEMPTED PROPERTIES: *the following properties are exempted from consideration – primary family home and lot, household furniture, one automobile, furnishings, and appliances*

Other than those properties that are exempted, do you own another car, boat, or any other type of vehicle? (If yes, list below):

Description:	Make / Year:	Fair Market Value:	Amount owed:
1. _____	_____	\$_____	\$_____
2. _____	_____	\$_____	\$_____
3. _____	_____	\$_____	\$_____
4. _____	_____	\$_____	\$_____
5. _____	_____	\$_____	\$_____

Other than your primary family home, do you own Real Property/Real Estate? (If yes, list below):

1. Description: _____

Address: _____

In whose name is the property titled: _____

Has it been probated? _____

Estimated Fair Market Value: _____

Income from Property (if any): _____

Amount Owed (if any): _____

2. Description: _____

Address: _____

In whose name is the property titled: _____

Has it been probated? _____

Estimated Fair Market Value: _____

Income from Property (if any): _____

Amount Owed (if any): _____

3. Description: _____

Address: _____

In whose name is the property titled: _____

Has it been probated? _____

Estimated Fair Market Value: _____

Income from Property (if any): _____

Amount Owed (if any): _____

2 Other than those properties that are exempted, do you own any other Personal Property (jewelry, stock, bonds, etc.)?

3 Description: Fair Market Value: Amount owed:
4 1. _____ \$ _____ \$ _____
5 2. _____ \$ _____ \$ _____
6 3. _____ \$ _____ \$ _____
4. _____ \$ _____ \$ _____
5. _____ \$ _____ \$ _____

7 **Other information pertinent to Petitioner's financial status:** Use this space to (1) describe
8 any sporadic sources of income including odd jobs, seasonal or contract work; and (2) identify
any other property of value.

9 _____
10 _____
11 _____
12 _____
13

SECTION 5: MONTHLY DEDUCTIONS AND EXPENSES

14 a. List any payroll deductions and the monthly amount below:

15 1. _____ \$ _____
16 2. _____ \$ _____
17 3. _____ \$ _____
4. _____ \$ _____
5. _____ \$ _____

18 b. Residence Payment

19 1. Rent or Mortgage \$ _____
2. Taxes and Insurance \$ _____
3. Maintenance \$ _____

20 c. Food and Household Supplies \$ _____

21 d. Utilities and Telephone \$ _____

e. Clothing \$ _____

f. Laundry and Cleaning \$ _____

g. Medical and Dental Expenses \$ _____

h. Insurance (Life, Health, Accident, Etc.) \$ _____

i. Child Care \$ _____

j. Child/Spousal Support \$ _____

k. School \$ _____

l. Entertainment \$ _____

m. Incidentally \$ _____

n. Transportation, Gas, Auto Repair, and Insurance \$ _____

25 o. Installment payments (list each below):

2 Paid To:

3 1. _____ \$ _____
4 2. _____ \$ _____
5 3. _____ \$ _____
4 4. _____ \$ _____
5 5. _____ \$ _____

6 p. Wages/Earnings Withheld by Court Order \$ _____
7 q. Any other monthly Expenses (list each below).

8 Paid To:

How much?

9 1. _____ \$ _____
10 2. _____ \$ _____
11 3. _____ \$ _____
10 4. _____ \$ _____
11 5. _____ \$ _____

12 **Total monthly Expenses (add 7a-7q above): \$ _____**

13 **SECTION 6: OTHER REASONS FOR RELIEF**

14 a. Why do you think that you should have a waiver in whole or in part of the filing fees and other
15 court expenses in this matter? Please provide documentation of any and all reasons claimed:
16 _____
17 _____
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SECTION 7: DECLARATION

I declare under penalty of perjury that the foregoing, including any attachment, is true and correct and that this declaration is executed at [] Saipan [] Tinian [] Rota, on this ____ day of _____, 2026.

In addition, by my signature below, I hereby agree to make available to the CNMI Superior Court any and all documents within my possession, or within the possession of the Department of Revenue and Taxation, relating to my financial status.

Print or Type Name

Signature

WARNING: A FALSE OR DISHONEST ANSWER TO A QUESTION IN THIS AFFIDAVIT MAY BE PUNISHABLE BY FINE AND IMPRISONMENT. See 8 CMC § 3306(a)—(d).

*Upon request by the Court, Petitioner shall submit documentation of income, which may be presented to the Court in the form of the Petitioner's two most previous pay stubs.

2 A. List all other additional household members not included in Section 1:

3	Name	Age	Relationship	Occupation
4				
5				
6				
7				
8				
9				
10				
11				
12				

13 B. List all other additional gross monthly income for each household member not included in
14 Section 1:

15	Name	Gross Monthly Income
16		
17		
18		
19		
20		
21		
22		
23		
24		