

Name:  
P.O. Box \_\_\_\_\_  
Saipan, MP 96950

Telephone No.:

*PRO SE*

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

	)	FCD-___ CIVIL ACTION NO. ___ - _____
	)	
Petitioner,	)	
	)	
v.	)	<b>IN FORMA PAUPERIS STATEMENT</b>
	)	
	)	
	)	
Defendant.	)	
	)	

COMMONWEALTH OF THE NORTHERN MARIANA ISLANDS: ss.

\_\_\_\_\_, being duly sworn says:

I am the [ ] Petitioner/Plaintiff [ ] Respondent/Defendant in this action, I am a permanent resident of the Commonwealth of the Northern Mariana Islands, and I am unable to pay the Court fees or give security therefore. I 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 I am entitled to relief.

The nature of this case, action, or proceeding, defense, or appeal is \_\_\_\_\_  
\_\_\_\_\_.

My age is \_\_\_\_, my Social Security No. is \_\_\_\_\_, my occupation is \_\_\_\_\_.

My financial status is:



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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 \_\_\_\_\_, 20\_\_.

Print or type Name

\_\_\_\_\_  
Signature