Name: P.O. Box Saipan, MP 96950
Telephone No.:
PRO SE

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

Petitioner,	) FCD CIVIL ACTION NO )
V.	) IN FORMA PAUPERIS STATEMENT )
Defendant.	) ) )
COMMONWEALTH OF THE NORTHI	ERN MARIANA ISLANDS: ss.
	, being duly sworn says:
resident of the Commonwealth of the Nor or give security therefore. I hereby make	] Respondent/Defendant in this action, I am a permanent rthern Mariana Islands, and I am unable to pay the Court fees this statement under oath to support my application to the ut payment of said fees. I believe I am entitled to relief.
The nature of this case, action, or proceed	ding, defense, or appeal is
·	
My age is, my Social Security No. is	s, my occupation is
My financial status is:	

DEDUCTION FROM GROSS INCO 12. Income Taxes	
13. Social Security\$	
TOTAL GROSS MONTHLY INCOME  (from line 11)\$  TOTAL DEDUCTION (from line 18)\$  19. NET MONTHLY INCOME (line 11 minus line 18)\$  d. TOTAL (20a,b,c)\$  21. List the name, age and relationsh below:	20. a. Cash & Checking accounts\$ b. Savings & Credit Union Act\$ c. Stocks, bonds, life insurance, other liquid assets\$  p of all members of the household whose expenses are included
Name	<u>Age</u> <u>Relationship</u>
MONTHLY EXPENSES  22. Residence payment  a. Rent or Mortgage	32. Entertainment\$ 33. Incidentals\$
24 Utilities & talephone	repair)\$ 35. Installment payment (insert total & itemize
24. Utilities & telephone	36. Others (specify)\$ 37. TOTAL MONTHLY EXPENSES\$  ENT OR OTHER DEBTS

I Declare under penalty of perjust correct and that this declaration is execu, 20		
Print or type Name	Signatur	<u>e</u>

In Form. Pauperis Statement