

# **APPLICATION FOR FREE PROCESS PROOF OF INCOME**

You must provide your pay stubs and/or proof of public assistance when you apply for free process.

If you have no income and are being supported by another person, you must provide that person's pay stubs or proof of public assistance.

**4-222. Application for free process and affidavit of indigency.**

[For use with Supreme Court General Rule 23-114 NMRA]

**STATE OF NEW MEXICO**  
**COUNTY OF \_\_\_\_\_**  
**\_\_\_\_\_ COURT**

\_\_\_\_\_, Petitioner,

v. \_\_\_\_\_, Respondent. No. \_\_\_\_\_

**APPLICATION FOR FREE PROCESS AND AFFIDAVIT OF INDIGENCY**

I request that the court enter an order permitting me to file this case without prepayment of fees and costs and give upon my oath or affirmation the following statement.

My marital status is: Single \_\_\_ Married \_\_\_ Divorced \_\_\_ Separated \_\_\_ Widowed \_\_\_

I request interpretation services: \_\_\_ yes \_\_\_ no (If yes, please describe what you need)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**INFORMATION ABOUT MY FINANCES (check all that apply to you and fill in the blanks):**

**A. PUBLIC ASSISTANCE**

\_\_\_ I do not receive public assistance (If you check this blank, go directly to Section B EMPLOYMENT/UNEMPLOYMENT).

\_\_\_ I currently receive the following public assistance in \_\_\_\_\_ County (please check all applicable public assistance programs):

- \_\_\_ Temporary Assistance for Needy Families (TANF)
- \_\_\_ Food Stamps
- \_\_\_ Medicaid (for myself)
- \_\_\_ General Assistance (GA)
- \_\_\_ Supplemental Security Income (SSI)
- \_\_\_ Public Housing
- \_\_\_ Disability Security Income (DSI)
- \_\_\_ Department of Health Case Management Services (DHMS)
- \_\_\_ Other (please describe \_\_\_\_\_)

**B. EMPLOYMENT/UNEMPLOYMENT**

\_\_\_ I am currently unemployed and have been unemployed for \_\_\_ months in the past year. I am unemployed because \_\_\_\_\_.

\_\_\_ I receive unemployment benefits in the amount of \$ \_\_\_\_\_ per month.

\_\_\_ I have no income because I am unemployed.

\_\_\_ I am employed. I am paid \$ \_\_\_\_\_ per hour and work \_\_\_\_\_ hours per week.

My employer's name, address and phone number is:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_ I am married, and my spouse is unemployed and has been unemployed for \_\_\_ months in the past year because \_\_\_\_\_.

\_\_\_ My spouse receives unemployment benefits in the amount of \$ \_\_\_\_\_ per month.

\_\_\_ I am married, and my spouse is employed. My spouse is paid \$ \_\_\_\_\_ per hour and works \_\_\_\_\_ hours per week.

My spouse's employer's name, address and phone number is:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**C. OTHER SOURCES OF INCOME** (*Check all that apply*)

\_\_\_ I have income from another source not mentioned above.

\_\_\_ Child Support \$ \_\_\_\_\_

\_\_\_ Alimony \$ \_\_\_\_\_

\_\_\_ Investments \$ \_\_\_\_\_

\_\_\_ Community property from my spouse \$ \_\_\_\_\_

\_\_\_ Other \_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_ I do not have any other sources of income.

\_\_\_ I am married, and my spouse has income from another source not mentioned above.

\_\_\_ Child Support \$ \_\_\_\_\_

\_\_\_ Alimony \$ \_\_\_\_\_

\_\_\_ Investments \$ \_\_\_\_\_

\_\_\_ Other \_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_ Other \_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_ I am married, and my spouse does not have any other sources of income.

\_\_\_\_\_ Another adult contributes to household income in the following amount: \$ \_\_\_\_\_

**D. OTHER ASSETS (Please list other assets owned by you or your spouse that can be turned into cash. Do not include money you have in retirement accounts):**

Cash on hand \$ \_\_\_\_\_  
Bank accounts \$ \_\_\_\_\_  
Income tax refund \$ \_\_\_\_\_  
Other assets (describe below):  
\_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_

**IF YOU DO NOT HAVE ACCESS TO YOUR OWN OR YOUR SPOUSE'S INCOME OR ASSETS, EXPLAIN WHY.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**E. MONTHLY EXPENSES**

House Payment/Rent \$ \_\_\_\_\_  
Utilities \$ \_\_\_\_\_  
Telephone \$ \_\_\_\_\_  
Groceries (after food stamps) \$ \_\_\_\_\_  
Car Payment(s) \$ \_\_\_\_\_  
Gasoline \$ \_\_\_\_\_  
Insurance \$ \_\_\_\_\_  
Child Care \$ \_\_\_\_\_  
Student and Consumer Loans \$ \_\_\_\_\_  
Court-ordered family support obligations \$ \_\_\_\_\_  
Other court-ordered payments \$ \_\_\_\_\_  
Medical expenses \$ \_\_\_\_\_  
Other \_\_\_\_\_ \$ \_\_\_\_\_

**F. HOUSEHOLD**

I live at \_\_\_\_\_,  
and the head of the household is \_\_\_\_\_.

Other than myself, the other members of the household are:

<u>Name</u>	<u>Age</u>	<u>Employment</u>	<u>I Support</u>
-------------	------------	-------------------	------------------

_____	_____	_____	( )
_____	_____	_____	( )
_____	_____	_____	( )
_____	_____	_____	( )
_____	_____	_____	( )
_____	_____	_____	( )
_____	_____	_____	( )
_____	_____	_____	( )

***This statement is made under oath. I hereby state that the above information regarding my financial condition is correct to the best of my knowledge. I hereby authorize the Court to obtain information from financial institutions, employers, relatives, the federal internal revenue service and other state agencies. If at any time the Court discovers that information in this application for free process was false, misleading, inaccurate, or incomplete at the time the application was submitted, the Court may require me to pay for any costs or fees that were waived under an order of free process that was granted based on the information in this application.***

\_\_\_\_\_  
*(Signature)*

\_\_\_\_\_  
*(Print Name)*

\_\_\_\_\_*Petitioner*    \_\_\_\_*Respondent*  
*(Pro Se)*

\_\_\_\_\_  
*(Street Address)*

\_\_\_\_\_  
*(City, State, Zip Code)*

\_\_\_\_\_  
*(Telephone)*

State of \_\_\_\_\_ )  
) ss  
County of \_\_\_\_\_ )

Signed and sworn to (or affirmed) before me on \_\_\_\_\_ (date)  
by \_\_\_\_\_ (name of applicant).

\_\_\_\_\_  
Notary  
My commission expires: \_\_\_\_\_

**IF YOU ARE REPRESENTED BY AN ATTORNEY, YOUR ATTORNEY MUST SIGN THE FOLLOWING CERTIFICATE.**

I, \_\_\_\_\_, hereby certify that I have not received any attorney  
(Name of attorney)  
fee to represent \_\_\_\_\_. If any attorney fee is paid to me, I understand  
(Name of applicant)  
that I shall pay to the court clerk from such attorney fee any court fees and costs that may  
be waived by the court.

\_\_\_\_\_  
(Attorney signature)

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
Telephone/Fax Number

[Adopted by Supreme Court Order No. 07-8300-043, effective February 25, 2008; as amended by Supreme Court Order No. 08-8300-031, effective November 17, 2008; by Supreme Court Order No. 10-8300-044, effective February 9, 2011.]

**4-223. Order for free process.**

[For use with Supreme Court General Rule 23-114 NMRA]

**STATE OF NEW MEXICO**  
**COUNTY OF \_\_\_\_\_**  
**\_\_\_\_\_ COURT**

\_\_\_\_\_, Petitioner,

v.

No. \_\_\_\_\_

\_\_\_\_\_, Respondent.

**ORDER ON APPLICATION FOR FREE PROCESS**

**THIS MATTER** having come before the court on Petitioner's application for free process and affidavit of indigency, or upon Petitioner's attorney's certificate supporting indigency and free process pursuant to Rule 23-114(B)(2) NMRA, and the court being otherwise advised in the premises, **FINDS** that:

- the applicant is entitled to free process in accordance with Rule 23-114(B)(2) NMRA.
- the applicant receives public assistance and is, therefore, entitled to free process.
- the applicant's annual gross income does not exceed \_\_\_\_\_ of the federal poverty guidelines, and the applicant is, therefore, entitled to free process.
- the applicant's annual gross income exceeds \_\_\_\_\_ of the federal poverty guidelines, but the applicant is not reasonably able to pay fees or costs and is, therefore, entitled to free process.
- on the basis of the applicant's available funds or annual gross income, the applicant is not entitled to free process.

**THE COURT ORDERS** that:

- the filing fee is waived.
- the filing fee is waived except for the \$ \_\_\_\_\_ alternative dispute resolution (ADR) fee.
- the applicant is granted free service of process by the Sheriff in \_\_\_\_\_ County, New Mexico for 1 2 3 4 5 or \_\_\_\_\_ summons(es), provided that the applicant first attempts service by certified mail pursuant to Rule 1-004 NMRA.
- the applicant is granted free service by the Sheriff in \_\_\_\_\_ County, New Mexico, of a temporary restraining order or \_\_\_\_\_.
- the applicant is to pay the filing fee on \_\_\_\_\_, 20\_\_\_\_\_.
- interpretation services shall be provided to the applicant.
- free process is denied.
- Other:

\_\_\_\_\_  
\_\_\_\_\_

---

---

**Unless specifically granted above, this order of free process does not include the following costs: jury fees, certification fees, subpoena fees for witnesses, witness fees for hearings or trials, mailings, long distance charges, transcripts for appeals or record proper, duplication fees for audiotapes or compact discs, copy charges, publication fees, or facsimile services. Application for all other costs are to be made to the judge assigned to your case. If the applicant prevails in this law suit and collects money by judgment or settlement, the court may order reimbursement for any waived costs. If the applicant is represented by an attorney who is paid an attorney fee, any fees or costs waived by this order must be deducted from any such attorney fee and paid to the court clerk. *This order is subject to revision, modification or rescission by the judge assigned to your case.***

---

**JUDGE**

[Adopted by Supreme Court Order No. 07-8300-043, effective February 25, 2008; as amended by Supreme Court Order No. 08-8300-031, effective November 17, 2008; by Supreme Court Order No. 10-8300-044, effective February 9, 2011.]