IN THE

		) CASE NO
	Plaintiff,	) )
V.	r iaiittiii,	)
		)
	Defendant.	) )

## AFFIDAVIT IN SUPPORT OF MOTION FOR LEAVE TO PROCEED ON APPEAL IN FORMA PAUPERIS

STATE OF HAWAII	)	
	)	SS
COUNTY OF	)	
	- )	

I further state that the responses which I have made to the questions and instructions below relating to my ability to pay the cost of prosecuting the appeal are true.

## 1. ARE YOU PRESENTLY EMPLOYED?

- a. If the answer is yes, state the amount of your salary or wages per month and give the name and address of your employer.
- b. If the answer is no, state the date of your last employment and the amount of the salary and wages per month which you received.
- 2. HAVE YOU RECEIVED WITHIN THE PAST TWELVE MONTHS ANY INCOME FROM A BUSINESS, PROFESSION OR OTHER FORM OF SELF-EMPLOYMENT, OR IN THE FORM OF RENT PAYMENTS, INTEREST, DIVIDENDS, OR OTHER SOURCE?
  - a. If the answer is yes, describe each source of income, and state the amount received from each during the past twelve months.

## 3. DO YOU OWN ANY CASH OR CHECKING OR SAVINGS ACCOUNT?

a. If the answer is yes, state the total value of the items owned.

- 4. DO YOU OWN ANY REAL ESTATE, STOCKS, BONDS, NOTES, AUTOMOBILES, OR OTHER VALUABLE PROPERTY (EXCLUDING ORDINARY HOUSEHOLD FURNISHINGS AND CLOTHING)?
  - a. If the answer is yes, describe the property and state its approximate value.

## 5. LIST THE PERSONS WHO ARE DEPENDENT UPON YOU FOR SUPPORT AND STATE YOUR RELATIONSHIP TO THOSE PERSONS.

I understand that a false statement or answer to any questions in this affidavit will subject me to penalties for perjury.

Subscribed and sworn to before me this \_\_\_\_\_\_, 20\_\_\_\_.

Notary Public, State of Hawaii

My commission expires:

[] Application granted.

[] Application denied for the following reason:

[] Appeal is not taken in good faith.

[] Applicant does not meet financial qualifications.

Judge/Justice of the above-entitled court