

STATE OF SOUTH CAROLINA)

COUNTY OF HORRY)

IN THE MATTER OF:)

an alleged incapacitated individual.)

▲ PROBATE COURT USE ONLY ▲

IN THE PROBATE COURT
CASE NUMBER -GC- -

MOTION TO PROCEED IN FORMA PAUPERIS

I, _____, being duly sworn, state that I am the Petitioner in the above-captioned matter and that I do not have the funds available to pay the filing fee in this case. I hereby request that the Court consider my below Affidavit of Indigency and allow that my Petition be filed without the requirement of a filing fee. I understand that if my Motion is granted the Court may still assess the fee at a later time, if funds are available for payment.

AFFIDAVIT OF INDIGENCY

1. **Are you presently employed?** Yes No

a. If "yes," state the amount of your salary or wages per month, and give the name and address of your employer.

SALARY OR WAGES PER MONTH	NAME AND ADDRESS OF EMPLOYER

b. If "no," state the name and address of last employment, date of termination of employment, and amount of your salary or wages per month.

SALARY OR WAGES PER MONTH	NAME AND ADDRESS OF EMPLOYER	TERMINATION DATE

2. **Include employment information for your spouse, if applicable.**

SALARY OR WAGES PER MONTH	NAME AND ADDRESS OF EMPLOYER

If spouse is not currently employed, state the name and address of last employment, date of termination of employment, and amount of salary or wages per month.

SALARY OR WAGES PER MONTH	NAME AND ADDRESS OF EMPLOYER	TERMINATION DATE

3. List by name, age and relationship to you, any persons who are dependent upon you for support. Indicate beside each how much you contribute toward their support.

NAME	DATE OF BIRTH	RELATIONSHIP	AMOUNT OF SUPPORT

4. Have you and/or the alleged incapacitated individual (the A.I.I.) received within the past twelve (12) months any money from any of the following sources?

- | | <u>YOU</u> | <u>A.I.I.</u> |
|--|--|--|
| a. Business, profession or from self-employment? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| b. Rent payment, interest or dividends? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| c. Pensions, annuities or life insurance payments? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| d. Gifts or inheritances? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| e. Any other sources (including SS/SSI/Medicaid)? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |

If the answer to any of the above is "yes," describe each source of money and state the amount received from each and by whom during the past twelve months.

SOURCE OF MONEY	RECEIVED BY	AMOUNT

5. Do you and/or the alleged incapacitated individual own cash, or have any money in a checking or savings account? Yes No

If the answer is "yes" state the total amount of the cash and owner: \$

6. Do you and/or the alleged incapacitated individual own any real estate, stocks, bonds, notes, or other valuable property (excluding ordinary household furnishing and clothing)?

Yes No

If the answer is "yes," describe the property and the state the appropriate value of the items owned and who owns it:

PROPERTY	AMOUNT	OWNER(S)

7. What kind of motor vehicle do you and/or the alleged incapacitated individual own?

Year: Make: Model:

Is it paid for? Yes No

If not, what is the monthly payment? \$

8. **How much do you owe (on liens, mortgages, other encumbrances or debts)? \$**

I do solemnly swear that the above information is true and accurate and that my assets and debts have been fully reported without exception, whether they are assets which I control, assets that any person is holding in trust for me, assets to which I am entitled or expect to receive, and that there are no assets other than what is reported in this Affidavit, all said information confirming that I do not have funds available to pay the filing fee in the above matter.

Executed this _____ day of _____, 20____.

SWORN to before me this _____ day of _____, 20____.

Signature: _____
Print Name: _____
Address: _____

Print Name: _____ Preferred Telephone: _____
Notary Public for: _____ Secondary Telephone: _____
(State) _____ Email: _____
My Commission Expires: _____ Relationship to the alleged
(Date) _____ incapacitated individual: _____

ORDER TO PROCEED *IN FORMA PAUPERIS*

This Court has considered the above Motion, Affidavit, and all other supporting documents. The Motion is hereby GRANTED DENIED. If the Motion is granted, the filing fee may still be assessed at the hearing or at a later time.

IT IS SO ORDERED.

_____, Probate Judge

_____ day of _____, 20____
_____, South Carolina