Commonwealth of Puerto Rico
**GENERAL COURT OF JUSTICE**
☐ Supreme Court ☐ Court of Appeals
Court of First Instance, ☐ Superior ☐ Municipal Court of _____

| | |
|---|---|
| _____<br>☐ Plaintiff ☐ Petitioner<br>☐ Appellant ☐ Other: _____<br>v.<br>_____<br>☐ Defendant ☐ Respondent<br>☐ Other: _____ | Case No. _____<br><br><br><br>RE: _____ |

## APPLICATION FOR DETERMINATION OF INDIGENCY

To the Honorable Court:

Comes Now _____ ,
*First and Last Names*

☐ the applicant,
☐ the applicant's representative,
☐ the underage or incapacitated applicant, represented by a parent, legal guardian, or person with custody,

pro se, and respectfully states, alleges, and prays:

1. The applicant is unable to assume the cost of:
   ☐ Filling fees
   ☐ Financial report (*the potential guardian and the allegedly incapacitated person are both indigent)*
   ☐ Other: _____

as required by law.

2. I am convinced that the claim has merit.
3. In support of this application, I declare under penalty of perjury that the answers to the following questions are true.

*INSTRUCTIONS: Complete all the questions in this form and sign it. Do not leave any questions unanswered. If the answer is "0," "none," or "not applicable," write that as your response. If you need more space to answer a question attach a separate sheet of paper identified with your name, the parties to the action, the case number, and the question number.*

### A. INFORMATION OF THE PERSON FOR WHOM THE FEE WAIVER IS REQUESTED:

_____ _____ _____ _____
*Name* *Initial* *First Last Name* *Second Last Name*

Date of Birth (day/month/year): _____ Age: _____

Sex: ☐ Male ☐ Female ☐ Intersex ☐ Identifies as: _____
☐ I rather not answer

Marital Status: ☐ Married ☐ Single ☐ Domestic Partnership

Can you read? ☐ Yes ☐ No Can you write? ☐ Yes ☐ No

Highest Degree Completed: _____

☐ Elementary School ☐ Middle School ☐ High School ☐ Technical Degree
☐ Associate Degree ☐ Bachelor's Degree ☐ Master´s Degree ☐ Doctorate

Professional or Vocational Training: _____

Physical Address: _____

Is the physical address the same as the mailing address? ☐ Yes ☐ No (Please provide the mailing address): _____

Email: _____

Mobile Phone: ( _____ ) _____ Home Phone: ( _____ ) _____

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Is the person incarcerated? ☐ Yes ☐ No
If so, provide the name of the institution: _____

Is the person admitted to a psychiatric hospital or prison psychiatric facility, ward, or unit?
☐ Yes ☐ No
If so, provide the name of the institution: _____

Has the person been declared incompetent by a court? ☐ Yes ☐ No
If so, provide the date of the declaration of incapacity, the court that issued the decree, and the case number: _____

_____

*B.* EMPLOYMENT AND FINANCIAL INFORMATION OF THE PERSON FOR WHOM THE FEE WAIVER IS REQUESTED, THEIR SPOUSE OR PARTNER, OR PARENTS, GUARDIANS, OR PERSON WITH CUSTODY, IN THE CASE OF A MINOR: *(Specify each source of income and attach evidence of what is reported, such as pay stubs, employment verification, cheques, bank statements, income tax returns, certifications issued by the Municipal Revenue Collection Center (CRIM), certifications issued by the Child Support Administration (ASUME), contracts, among others).*

Are you employed? ☐ Yes ☐ No

If so, provide the following information:

Occupation: _____

Name of Employer: _____

Address: _____

_____

Telephone: ( _____ ) _____ Ext. _____

Wages: $ _____ ☐ weekly ☐ biweekly ☐ every fifteen days ☐ monthly

Are you on unpaid leave? ☐ Yes ☐ No
If so, provide the term and type of leave: _____

_____

If unemployed, provide the date when you became unemployed (day/month/year): _____

Provide you employment experience during the past three (3) years (include the name and address of your employer, date of employment, position and monthly wages earned):

_____

_____

_____

_____

_____

_____

_____

Is your spouse or partner employed? ☐ Yes ☐ No
If so, provide the following information:

Occupation: _____

Name of Employer: _____

Address: _____

_____

Telephone: ( _____ ) _____ Ext. _____

Wages: $ _____ ☐ weekly ☐ biweekly ☐ every fifteen days ☐ monthly

Is your spouse or partner on unpaid leave? ☐ Yes ☐ No
If so, provide the term of the leave: _____

If your spouse or partner unemployed, provide the date when they became unemployed (day/month/year), the name, place, position, and monthly wages earned at their last employment:

_____

_____

Case No. _____

Specify the monthly income received:

- ☐ Applicant's gross monthly income for employment, business, or self-employment $ _____
- ☐ Spouse/Partner's gross monthly income for employment, business, or self-employment _____
- ☐ Other monthly income received by the applicant or spouse/partner (*such as tips, commissions, interest, dividends, rental income, bonds, stipends, or other earnings. Specify the source and amount of each income).*

| | |
|---|---|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| Total Income: | $ _____ |

Other Sources of Family Income:

| | *Applicant's* | *Spouse or Partner* |
|---|---|---|
| ☐ Unemployment Payments | $ _____ | $ _____ |
| ☐ Financial Aid | _____ | _____ |
| ☐ Nutritional Assistance Program | _____ | _____ |
| ☐ Temporary Assistance for Needy Families (TANF) | _____ | _____ |
| ☐ Benefits for Veterans in Poverty | _____ | _____ |
| ☐ Pensions | | |
| ☐ Social Security | _____ | _____ |
| ☐ Veterans Affairs Pension | _____ | _____ |
| ☐ State Insurance Fund/Worker's | _____ | _____ |
| ☐ Retirement Plans | _____ | _____ |
| ☐ Federal Government | _____ | _____ |
| ☐ Other Pensions (specify each) | | |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| Total Income of Other Sources: | $ _____ | _____ |

Has the applicant or their spouse or partner received money in the past twelve (12) months from any of the following sources? If so, provide the amounts received below:

| | | *Applicant* | *Spouse or Partner* |
|---|---|---|---|
| Retirement or disability payments, annuities, or life insurance | ☐ Yes ☐ No | $ | $ |
| Income from real estate property (such as proceeds from a sale or rental income) | ☐ Yes ☐ No | | |
| Income from the sale of personal property (such as vehicles or watercraft) | ☐ Yes ☐ No | | |
| Interest or Dividends | ☐ Yes ☐ No | | |
| Inheritance, donations, or gifts | ☐ Yes ☐ No | | |
| Spousal Support | ☐ Yes ☐ No | | |
| Child Support | ☐ Yes ☐ No | | |
| Support of Relatives | ☐ Yes ☐ No | | |
| Prizes from Casinos, Lotteries, Horse Races, or Other Gambling Winnings | ☐ Yes ☐ No | | |
| Grants or Scholarships | ☐ Yes ☐ No | | |
| Other Sources of Income (explain): | ☐ Yes ☐ No | | |

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Are you expecting any significant changes in your monthly income during the next twelve (12) months? ☐ Yes ☐ No

If so, explain: _____

_____

_____

_____

Do you receive any of the following benefits?

☐ Government Health Plan

☐ Government subsidies for utility payments (e.g., water, electricity, telephone)

Do you file income tax returns? ☐ Yes ☐ No

If so, what was the last year you filed a tax return? _____

Have you filed for bankruptcy with the United States Bankruptcy Court? ☐ Yes ☐ No

If so, provide the following:

Case Number: _____ Filing Date: _____

Stage of the Proceedings: _____

Provide the amount of the payment plan authorized by the court, if applicable:

$ _____

Information of dependents who do not live in the same household as the person for whom this application is filed:

| *First and Last Names* | *Age* | *Relation* | *Required to Pay Child Support?* | *Monthly Payment* |
|---|---|---|---|---|
| | | | ☐ Yes ☐ No | |
| | | | ☐ Yes ☐ No | |
| | | | ☐ Yes ☐ No | |
| | | | ☐ Yes ☐ No | |
| | | | ☐ Yes ☐ No | |

Is there child support debt? ☐ Yes ☐ No

If so, provide the name and amount for each obligee (the beneficiary of the child support payments):

_____

_____

_____

_____

## C. Information on Assets of the Person for Whom the Fee Waiver is Requested, Their Spouse or Partner, or Parents, Guardians, or Person with Custody, in the Case of a Minor: *(Attach evidence of what is reported, such as deeds, property titles, contracts, certifications issued by the Municipal Revenue Collection Center (CRIM), motor vehicle licenses, bank statements, among others).*

Does the applicant or their spouse or partner own the property where they live?

☐ Yes ☐ No

If so, provide the following:

Address for the Property: _____

_____

Description of the Property: _____

_____

Approximate value: $ _____

Lot Size: _____

If there is a mortgage on the property, provide the amount owed: $ _____

Is there a mortgage foreclosure proceeding pending against the applicant? ☐ Yes ☐ No

Has the case been referred to mediation? ☐ Yes ☐ No

Does the applicant or their spouse or partner own any other real estate property (such as, houses, apartments, or plots of land)? ☐ Yes ☐ No

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If so, provide the following for each real estate property:

Address for the Property: _____

_____

Description of the Property: _____

_____

Approximate value: $ _____

Lot Size: _____

If there is a mortgage on the property, provide the amount owed: $ _____

Address for the Property: _____

_____

Description of the Property: _____

_____

Approximate value: $ _____

Lot Size: _____

If there is a mortgage on the property, provide the amount owed: $ _____

Indicate whether the applicant or their spouse or partner own other assets, including jewelry, stock, financial instruments, bonds, or any other item of value:

| *Description* | *Approximate Value* |
|---|---|
| | $ |
| | |
| | |
| | |
| | |
| | |

Indicate all motor vehicles or watercraft (such as, cars, trucks, motorcycles, trailers, four tracks, or any other land vehicle; ferries, launches, boats, or jet skis) belonging to the applicant or any member of the household:

| *Make* | *Model* | *Year* | *Financial Institution, if any* | *Approximate Value* |
|---|---|---|---|---|
| | | | | $ |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Indicate cash money the applicant or their spouse or partner has:

$ _____

Indicate the amount of money the applicant or their spouse or partner may have in bank accounts:

| *Bank* | *Account Type* | *Amount* |
|---|---|---|
| | | $ |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

Case No. _____

Does the applicant or their spouse or partner have IRA accounts or pension plans?
☐ Yes ☐ No
If so, provide the name of the entity and the amount: $ _____

List any natural person, legal entity, business, or organization owing the applicant or their spouse or partner money:

| *Name* | *Amount Owed* |
|---|---|
| | $ |
| | |
| | |
| | |
| | |
| | |

If the applicant is incarcerated, provide a certified copy of the applicant's account statement that shows their activity for the last six (6) months prior to the commencement of the case for which fees are to be waived, issued by a correctional institution official. Also indicate the amount indicated in the account statement:
$ _____ .

## D. Members of the Household of the Person for Whom the Fee Waiver is Requested: *(Specify each source of income and attach evidence of what is reported, such as pay stubs, cheques, bank statements, income tax returns, among others).*

Information of the individuals who live in the household (do not include information for the applicant or their spouse or partner):

| *First and Last Names* | *Relation* | *Age* | *Dependent* | *Income Source* | *Gross Monthly Income* |
|---|---|---|---|---|---|
| | | | ☐ Yes ☐ No | | $ |
| | | | ☐ Yes ☐ No | | |
| | | | ☐ Yes ☐ No | | |
| | | | ☐ Yes ☐ No | | |
| | | | ☐ Yes ☐ No | | |

## E. Information on Monthly Expenses and Financial Obligations: *(Attach evidence of the expenses reported, such as contracts, payment book, canceled cheques, bank statements, invoices, payment receipts, among others).*

State all monthly expenses:

☐ Food $ _____
☐ Clothing _____
☐ Water _____
☐ Electricity _____
☐ Telephone _____
☐ Transportation _____
☐ Mortgage or rent on principal residence _____
☐ Health insurance _____
☐ Medical expenses _____
☐ Other (describe):

_____ _____
_____ _____
_____ _____
_____ _____
_____ _____
_____ _____
_____ _____

Total Expenses: $ _____

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Indicate all your monthly debts and obligations (such as, credit cards, personal loans, commercial loans, car loans or leases, lines of credit or financing):

| *Name of Creditor or Financial Institution* | *Balance Owed* | *Monthly Payment* |
|---|---|---|
| | $ | $ |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | Total Monthly Payments: $ | |

Are you expecting any significant changes in your monthly expenses or obligations during the next twelve (12) months? ☐ Yes ☐ No

If so, explain: _____

_____

## F. INFORMATION OF PRIOR LITIGATION: *(Fill out this information only if this application is to request a fee waiver to file a petition with the Supreme Court or the Court of Appeals).*

Did you proceed as an indigent party before the Court of First Instance, the Court of Appeals, or and administrative agency? ☐ Yes ☐ No

I was represented in the ☐ Court of First Instance ☐ Court of Appeals ☐ administrative agency by:

☐ Court-appointed attorney
☐ Private attorney
☐ Legal Aid Society
☐ Other: _____

## G. ATTACHMENTS

☐ _____ documents are attached to this application in support of the information provided
*(amount)*
in sections B, C, D, and E of this form.

## H. CONTACT INFORMATION OF THE APPLICANT, IF THE FEE WAIVER IS FOR ANOTHER PERSON:

Name: _____

Relation to the Applicant: _____

Physical Address: _____

_____

Email: _____

Telephone: ( _____ ) _____

Do you know a contact or relative who may provide additional information on the person for whom the fee waiver is requested? ☐ Yes ☐ No

If so, provide the following information:

Name: _____

Relation: _____

Physical Address: _____

_____

Email: _____

Telephone: ( _____ ) _____

Wherefore, we respectfully pray that this Honorable Court, after taking the appropriate actions in law, render judgment accordingly.

Case No. _____

## I. DECLARATION OF APPLICANT OR REPRESENTATIVE:

By signing this application, I certify under penalty of perjury, that the information presented in this document is true to the best of my personal knowledge and belief and attest to the truth and correctness of what is expressed herein.

Respectfully submitted.

In _____ , Puerto Rico, _____ day of _____ _____ .
*City* *day* *month* *year*

I certify that I will send on this day a copy of this application to the opposing party or counsel for the opposing party ☐ by email with receipt confirmation ☐ by regular mail ☐ personally ☐ other (specify): _____

_____ _____
*Applicant's Name* *Applicant's Signature*

Applicant's Mailing Address:
_____
_____
_____

Physical Address (if different from mailing address):
_____
_____
_____

Telephone:
( _____ ) _____

Email:
_____

Opposing Party's Mailing Address:
_____
_____
_____

Physical Address (if different from mailing address):
_____
_____
_____

Telephone:
( _____ ) _____

Email:
_____