|  |  |  |
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| STATE OF SOUTH CAROLINA | ) |  |
|  | ) |  |
| COUNTY OF HORRY | ) |  |
|  | ) |  |
|  | ) |  |
| IN THE MATTER OF:  | ) | PROBATE COURT USE ONLY |
|      , | )) | IN THE PROBATE COURT |
| an alleged incapacitated individual. | )) | 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

1. 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** |
|       |       |
|       |       |

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

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

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

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| --- | --- |
| **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.

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| **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** |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
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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?**

 **YOU A.I.I.**

1. Business, profession or from self-employment? **[ ]** Yes **[ ]** No **[ ]** Yes **[ ]** No
2. Rent payment, interest or dividends? **[ ]** Yes **[ ]** No **[ ]** Yes **[ ]** No
3. Pensions, annuities or life insurance payments? **[ ]** Yes **[ ]** No **[ ]** Yes **[ ]** No
4. Gifts or inheritances? **[ ]** Yes **[ ]** No **[ ]** Yes **[ ]** No
5. Any other sources (including SS/SSI/Medicaid)? **[ ]** Yes  **[ ]** No **[ ]** Yes **[ ]** 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.

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| --- |
| Executed this       day of      , 20     . |
|  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| SWORN to before me this  |       | day of | Signature: |       |
|      , | 20 |      . | Print Name: |       |
|  | Address: |       |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |       |
| Print Name: |       | Preferred Telephone: |       |
| Notary Public for: |       | Secondary Telephone: |       |
|  | (State) | Email: |       |
| My Commission Expires: |      (Date) | Relationship to the alleged 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.**

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|      , Probate Judge |

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|       day of      , 20      |
|      , South Carolina |