











paralegal, typing service, or another person) any money for services in connection with this case, including the completion of this form? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, how much? \$ \_\_\_\_\_

If yes, provide the name, address, and telephone number of the person or service:

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15. Please provide any other information that helps to explain why you are unable to pay the docket fees.

16. State the city and state of your legal residence:

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Your daytime phone number:

(\_\_\_\_\_) \_\_\_\_\_

Your age: \_\_\_\_\_

Years of schooling: \_\_\_\_\_

Last 4 digits of your social security number: \_\_\_\_\_

**I declare under penalty of perjury that the above information is true and correct.**

Date: \_\_\_\_\_

Signed: \_\_\_\_\_

Print Name: \_\_\_\_\_