UNITED STATES DISTRICT COURT

FILED

for the

NOV 17 2020

Eastern District of North Carolina

· ·	
DETER'A MOC	DE ID CIEDK
PETER A. MOU	RE, JR., CLERK
LIC OICTOICT	COLIDY EDNIC
וקונעוניו פונים פיט	COURT, EDNC
US DISTRICT	רופס מו ו
בווויו ים	

Annamane D Riethwilt

Plaintiff/Petitioner

V. Ex Parté

Defendant/Respondent

Civil Action No. 5:20 -W-606-FL

APPLICATION TO PROCEED IN DISTRICT COURT WITHOUT PREPAYING FEES OR COSTS (Long Form)

Affidavit in Support of the Application

Instructions

I am a plaintiff or petitioner in this case and declare that I am unable to pay the costs of these proceedings and that I am entitled to the relief requested. I declare under penalty of perjury that the information below is true and understand that a false statement may result in a dismissal of my claims.

a dismissal of my claims.

Signed:

Complete all questions in this application and then sign it. Do not leave any blanks: if the answer to a question is "0," "none," or "not applicable (N/A)," write that response. If you need more space to answer a question or to explain your answer, attach a separate sheet of paper identified with your name, your case's docket number, and the question number.

Date:

1. For both you and your spouse estimate the average amount of money received from each of the following sources during the past 12 months. Adjust any amount that was received weekly, biweekly, quarterly, semiannually, or annually to show the monthly rate. Use gross amounts, that is, amounts before any deductions for taxes or otherwise.

Income source	Average monthly income amount during the past 12			
	You	Spouse ,	You	Spouse
Employment	\$ 1000	\$	\$	\$
Self-employment +	\$ 50	\$11	\$	s A
Income from real property (such as rental income)	\$	\mathbb{Z}	\$	3/1/2
Interest and dividends	\$	\$	\$	\$
Gifts	\$	\$/	\$	\$ /
Alimony	\$	\$	\$	\$/
Child support	\$	\$	\$	/s

Retirement (such as social security, pensions, annuities, insurance)	\$	\$ /	\$	\$
Disability (such as social security, insurance payments)	\$	s NA	\$	\$ 10 ()
Unemployment payments	\$	s 101/	\$	s / U
Public-assistance (such as welfare)	\$	\$	\$	\$
Other (specify):	\$	\$	\$	\$
Total monthly income:	\$ 1050 0.00	\$ 0.00	\$ 0.00	\$/ 0.00

2. List your employment history for the past two years, most recent employer first. (Gross monthly pay is before taxes or other deductions.)

Employer	Address]	Dates o	of employ	ment	Gross monthly pay
US Dept of Comr	ere Census office	7	311	SO	to ±	\$ 2000
/	Georgia	10	//0	120		\$ 1000
1 Harsen	leaner Orlando FL	2/	20	17/	20	

3. List your spouse's employment history for the past two years, most recent employer first. (Gross monthly pay is before taxes or other deductions.)

Employer	Address	Dates of employment	Gross
	10		monthly pay
			\$
			\$
			\$

4. How much cash do you and your spouse have? \$ \(\frac{1}{2}\)

Below, state any money you or your spouse have in bank accounts or in any other financial institution.

Financial institution	Type of account	Amount you have	Amount your spousé has
America	Cheding	s ± 300	s VI
	3	\$	\$
		\$	\$

If you are a prisoner, you must attach a statement certified by the appropriate institutional officer showing all receipts, expenditures, and balances during the last six months in your institutional accounts. If you have multiple accounts, perhaps because you have been in multiple institutions, attach one certified statement of each account.

5.	List the assets, and their values, which you own or your spouse owns. Do not list clothing and ord	linary
	nousehold furnishings.	•

Assets owned by you or your spouse				
Home (Value)	± \$150000			
Other real estate (Value)	\$			
Motor vehicle #1 (Value)	+ \$12 000			
Make and year:	20[5			
Model: Chry Se	Town + Courn			
Registration #: Some don	Town + Carry Howe on me			
Motor vehicle #2 (Value)	\$			
Make and year:				
Model:				
Registration #:				
Other assets (Value)	\$			
Other assets (Value)	\$			

6. State every person, business, or organization owing you or your spouse money, and the amount owed

Person owing you or your spouse money	Amount owed to you	A	mount owed to your spouse
phous De faith s	7	\$	
Joog Ja 011/2 Jes	(\$	Declase
Little Commission	"gregue,	\$	

7. State the persons who rely on you or your spouse for support.

Name (or, if under 18, initials only)	Relationship	Age
	·	

8. Estimate the average monthly expenses of you and your family. Show separately the amounts paid by your spouse. Adjust any payments that are made weekly, biweekly, quarterly, semiannually, or annually to show the monthly rate.

		You	Your spouse
Rent or home-mortgage payment (including lot rented for mobile home) Are real estate taxes included? Yes No Is property insurance included? Yes No	<u></u>	s too	s
Utilities (electricity, heating fuel, water, sewer, and telephone)	t	\$ 50	\$
Home maintenance (repairs and upkeep)	±.	\$ 100	\$
Food	+	\$ 100	\$ \\
Clothing	,	\$	\$11
Laundry and dry-cleaning		\$	\$ 101
Medical and dental expenses		\$ 100	\$
Transportation (not including motor vehicle payments)	17	\$ 50	\$
Recreation, entertainment, newspapers, magazines, etc.		\$	\$
Insurance (not deducted from wages or included in mortgage payments)			
Homeowner's or renter's:		\$	\$
Life:		\$	\$
Health:	+	s 60	\$
Motor vehicle:	<u>+</u>	\$ (30	\$
Other:		\$	\$
Taxes (not deducted from wages or included in mortgage payments) (specify):		\$	\$
Installment payments	ļ		
Motor vehicle:	+	\$ 350	\$
Credit card (name):		\$	\$
Department store (name):		\$	\$
Other:	·	\$	\$
Alimony, maintenance, and support paid to others		\$	\$

Regu statem	lar expenses for operation of business, profession, or farm (attach detailed ent)	\$		\$	
Other	(specify):	\$		\$	
	Total monthly expenses	: \$	0.00	\$	0.00
9.	Do you expect any major changes to your monthly income or expenses next 12 months?	or in yo	our assets or li	abilities d	uring the
	☐ Yes				
10.	Have you spent — or will you be spending — any money for expenses lawsuit? Yes ZNo	or attor	ney fees in con	njunction	with this
	If yes, how much? \$				
11.	Provide any other information that will help explain why you cannot pa May 24, 2012 Smith J illega 41-2009-DR-10430 deprived of mantal asset Fresh start h	y the co	ests of these properties of the properties of	roceedings L	i. Stoributio C
12.	Identify the city and state of your legal residence				
	St Cloud, Florida Your daytime phone number: 910-651-1	01	4		
	Your age: 62 Your years of schooling: ± 20	~ (degrees)	