

PETITION TO APPEAL AS AN INDIGENT PERSON

IC File # _____

Plaintiff's Name _____

Defendant's Name _____

Address _____

Address _____

City State Zip _____

City State Zip _____

AFFIDAVIT

As the individual plaintiff in the above-entitled action, I affirm that I am financially unable to advance the required costs for the prosecution of this action before the North Carolina Court of Appeals. Therefore, I now petition the Industrial Commission for an order allowing me to bring suit in this action as an indigent.

Check one or more of the boxes below as applicable

‘ I am presently a recipient of

‘ Food Stamps

‘ Aid to Families With Dependent Children (AFDC).

‘ Supplemental Security Income (SSI)

‘ I am a prison inmate. A Department of Corrections report is attached showing deposits, withdrawals, and balances in my prison trust account during the last six months.

‘ Although I am not a recipient of food stamps, AFDC, or SSI, I am financially unable to advance the costs of filing this action or appeal.

Sworn and subscribed to before me	
Signature _____	Date _____
Title of Person Authorized to Administer Oaths _____	
SEAL	
Date Commission Expires _____	

Name of Applicant (Please Print)	
Signature of Applicant _____	Date _____

ORDER

Based upon the Affidavit appearing above, it is ORDERED that:

‘ The applicant is authorized to bring suit as an indigent

‘ The petition is denied.

Signature _____	‘ Commissioner ‘ Deputy Commissioner
Date _____	‘ Executive Secretary