PETITION TO SUE AS AN INDIGENT PERSON

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Plaintiff's Name		efendant's Name
	AFFID	AVIT
Check one or more of the boxes below as applicable:		
☐ I am presently a recipient of: ☐ Electronic food and nutrition benefits ☐ Work first family assistance ☐ Supplemental Security Income (SSI)		
 ☐ I am represented by: ☐ A legal services organization that has its primary purpose the furnishing of legal services to indigent persons ☐ private counsel working on behalf of a legal services organization 		
☐ 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 EBT/SNAP, Work First Family Assistance, or SSI, nor am I represented by legal services, I am financially unable to advance the costs of filing this action or appeal. (An affidavit listing my income and expenses is attached)		
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 Industrial Commission. Therefore, I now petition the Industrial Commission for an order allowing me to bring suit in this action as an indigent.		
Sworn and subscribed to before me		
Signature	Date	Name of Applicant (Please Print)
Title of Person Authorized to Administer Oaths	SEAL	Signature of Applicant
Date Commission Expires		Date
	ORD	ER
Pursuant to N.C.G.S. § 1-110 and 11 NCAC 23B .0103, the undersigned has determined that this action is: not frivolous. (applies only to claims brought by inmates) Based upon the Affidavit appearing above, it is ORDERED that: The applicant is authorized to bring suit as an indigent The petition is denied The action is dismissed.		
		Commissioner Deputy Commissioner
Signature	Date	

E-mail Affidavit to: dockets@ic.nc.gov OR Mail Affidavit to: N.C. Industrial Commission

Clerk's Office

1236 Mail Service Center Raleigh, NC 27699-1236

IC File # TA-