



Town of Milton
115 Federal Street, Milton, Delaware 19968
www.milton.delaware.gov
Phone: 302-684-4110 Fax: 302-684-8999

FORM AFFIDAVIT SUPPORTING
REQUEST TO PROCEED IN FORMA PAUPERIS
IN ACCORDANCE WITH ORDINANCE 2021-008

Upon request of an appellant to be found indigent, the Town body hearing the appeal may authorize the commencement and prosecution of the appeal without prepayment of fees and costs therefor, by a person who makes affidavit that the person is unable to pay such fees and costs. By signing and submitting this Request to Proceed in Forma Pauperis, the affiant swears or affirms that: 1) the affiant has reviewed their financial status in a manner akin to a similar request to the Court of Common Pleas for the State of Delaware, including employment status, earnings, any income (dividends, rent, savings, interest, etc.) gifts (stocks, bonds, cash, etc.), household income, property owned (real estate, stocks, bonds, bank accounts, vehicles, etc.), debts, monthly expenses, and dependents and 2) the affiant has made a determination of his or her indigency, with that determination supported by his or her financial status and capable of objective confirmation.

I, _____, have read and understood the “Affidavit in Support of Application to Proceed in Forma Pauperis” and Civil Procedure Rule 110, published by the Court of Common Pleas for the State of Delaware. These documents provide me with the background information used by the State of Delaware in a comparable determination.

I, _____, considering my financial status, do hereby swear or affirm that I am unable to pay the fees and costs, including escrow, required by the currently effective Town of Milton Fee Schedule in the case of my appeal of the decision of the Milton _____ with respect to _____, and therefore request to proceed with my Appeal In Forma Pauperis.

I, _____, understand that, if any information in this Request to Proceed in Forma Pauperis is not true or correct, in addition to any other legally cognizable recourses and repercussions, my appeal may be summarily dismissed and I will be required to pay to the Town the fees and costs resulting from my appeal.

I, _____, swear or affirm that the above information is true and correct and is made under penalty of perjury.

Printed Name

Signature

Date

Note: The Town of Milton will accept this Request to Proceed in Forma Pauperis in the case named above if/when the appellant/affiant signs the statement above, without further review of the facts and figures outlined in the background information described above.