

STATE OF NORTH CAROLINA

File No.

County

In The General Court Of Justice
District Superior Court Division

Name Of Plaintiff
VERSUS
Name Of Defendant

PETITION TO SUE/APPEAL
AS AN INDIGENT

G.S. 1-110;

AFFIDAVIT

(check one of the two boxes below)

Petition To Sue - 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. Therefore, I now petition the Court for an order allowing me to bring suit in this action as an indigent.

I am an inmate in the custody of the Department of Correction.

(Note To Clerk: If this block is checked, this Petition must be submitted to a Superior Court Judge for disposition provided on the reverse.)

Petition To Appeal - As the individual appellant in the above entitled small claims action, I affirm that I am financially unable to pay the cost for the appeal of this action from small claims to district court. Therefore, I now petition the Court for an order allowing me to appeal this action to district court 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 represented by a legal services organization that has as its primary purpose the furnishing of legal services to indigent persons, or I am represented by private counsel working on behalf of such a legal services organization. (Attach a letter from your legal services attorney or have your attorney sign the certificate below.)

Although I am not a recipient of food stamps, AFDC, or SSI, nor am I represented by legal services, I am financially unable to advance the costs of filing this action or appeal.

SWORN AND SUBSCRIBED TO BEFORE ME

Date

Date

Signature

Signature Of Petitioner

Title Of Person Authorized To Administer Oaths

Name And Address Of Petitioner (Type Or Print)

Date Commission Expires

SEAL

CERTIFICATE OF LEGAL SERVICES/PRO BONO REPRESENTATION

I certify that the above named petitioner is represented by a legal services organization that has as its primary purpose the furnishing of legal services to indigent persons or is represented by private counsel working on behalf of or under the auspices of such legal services organization.

Date

Signature

Name And Address (Type Or Print)

ORDER

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

- the petitioner is authorized to bring suit or to appeal in this action as an indigent.
the petition is denied.

Date

Signature

Assistant CSC Clerk Of Superior Court
Judge Magistrate (for appeal only)

NOTE TO CLERK: If the petitioner is NOT a recipient of food stamps, AFDC, SSI or is NOT represented by legal services or a private attorney on behalf of legal services, you may ask for additional financial information to determine whether the petitioner is unable to pay the costs.

ORDER - DOC INMATES

The undersigned superior court judge of this district finds that the petitioner is an inmate in the custody of the Department of Correction and that the complaint

- is not frivolous.
- is frivolous.

It is ORDERED that

- the petitioner is authorized to sue in this action as an indigent.
- the petitioner is not authorized to sue as an indigent.
- the action is dismissed.

Date	Name Of Superior Court Judge (Type Or Print)	Signature Of Superior Court Judge
------	--	-----------------------------------

CERTIFICATION

I certify that this Petition has been served on the party named by depositing a copy in a post-paid properly addressed envelope in a post office or official depository under the exclusive care and custody of the United States Postal Service.

Date	Signature	<input type="checkbox"/> Deputy CSC <input type="checkbox"/> Assistant CSC <input type="checkbox"/> Clerk Of Superior Court
------	-----------	---

**NOTE:** G.S. 1-110(b) provides: "The Clerk of Superior Court shall serve a copy of the order of dismissal upon the prison inmate."