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ELIZABETH A. BROWN
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PIFP

Name: T. Matthew Phillips
Address: 4894 W. Lone Mtn. Rd. No. 132
City, State, Zip: Las Vegas, NV 89130
Phone: 323-314-6996
Email: TMatthewPhillips@aol.com
Self-Represented

DISTRICT COURT
CLARK COUNTY, NEVADA

AMBER PHILLIPS

Plaintiff,

vs.

T. Matthew Phillips

Defendant.

CASE NO.: D-18-578142-D

DEPT: S

Application to Proceed in Forma Pauperis

Pursuant to NRS 12.015, and based upon the information contained in this Application and Affidavit, I request permission from this Court to proceed without paying filing fees, or other costs and fees as provided in NRS 12.015 because I lack sufficient financial ability.

I understand that if approved, the order allowing me to proceed in forma pauperis will be valid for one year. I will be required to file a new Application to Proceed in Forma Pauperis if I need further filing fees and court costs and fees waived after one year.

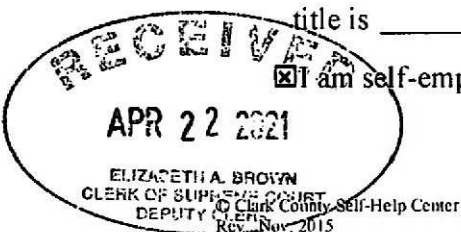
EMPLOYMENT: (☒ check one)

☐ I am unemployed.

☐ I am employed. My employer is _____ and my job

title is _____

☒ I am self-employed. The name of my business is law office of...



21-11643

Personal Income (write "0" for any income you do not have)		
A	Monthly Wages from Employment (before taxes) monthly average	\$651.00
B	Monthly Tip Income	\$0.00
C	Monthly Unemployment Benefits	\$0.00
D	Public Benefits/Assistance received each month <input type="checkbox"/> TANF <input type="checkbox"/> SSD <input type="checkbox"/> SSI <input type="checkbox"/> food stamps <input type="checkbox"/> other:	\$0.00
E	Social Security	\$0.00
F	Retirement / Pension	\$0.00
G	Monthly Child Support received	\$0.00
H	Other:	\$0.00
TOTAL INCOME (add lines A-H)		\$651.00

Household Information		
A	How many adults (18 and up) live in the home (include yourself)?	1
B	How many children (under 18) live with you?	0
TOTAL HOUSEHOLD SIZE (add A+B)		1

Household Income		
List the names of the adults you live with and their estimated monthly earnings:		
Name:	Relationship:	
Name:	Relationship:	
Name:	Relationship:	

Monthly Expenses (write "0" for any expense you do not have)		
A	Rent / Mortgage	\$0.00
B	Utilities (electricity, gas, phone, other utilities)	\$200.00
C	Food	\$400.00
D	Child Care	\$0.00
E	Medical Expenses (including health insurance)	\$0.00
F	Transportation (insurance, gas, bus fare, etc.)	\$0.00
G	Other:	\$0.00
TOTAL EXPENSES (add lines A-G)		\$600.00

Assets (write "n/a" and "0" for any assets you do not have)		
Asset	What It's Worth	What you Owe
Checking Account	\$43.22	N/A
Savings Account	N/A	N/A
Car (year/make/model): 1995 Ford Explorer	\$500.00	\$0.00
House / Real Estate You Own (address):	N/A	
Other:	N/A	

CREDIT CARDS.

Do you have a credit card that you can use to charge the filing fee?

☒ No

☐ Yes

☐ Yes, but my current balance is _____

Declaration in Support of Request to Proceed In Forma Pauperis

Briefly explain your current financial situation and why you are unable to pay the filing fee. For example, if you are unemployed explain why, for how long, and what efforts you are making to obtain employment. If you are temporarily living with a friend or relative explain for how long and how they help you financially.

I cannot afford to pay for two appellate filing fees (\$500 total).

This is my second request for fee waiver.

I am well below the federal poverty line.

I must appeal the following bogus rulings: (1) the order denying Respondent's motion for new trial; and (2) the order granting Petitioner's motion for attorney's fees.

I declare under penalty of perjury under the law of the State of Nevada that the foregoing is true and correct.

April 13, 2021
Date

T. Matthew Phillips
Printed Name

/s/ T. Matthew Phillips
Signature