

Steven D. Grierson

Your Name: Mario Accomando
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Self-Represented

FILED

FEB 23 2024

ELIZABETH A. BROWN
CLERK OF SUPREME COURT
BY *[Signature]*
DEPUTY CLERK

DISTRICT COURT
CLARK COUNTY, NEVADA

Georgann Accomando

Plaintiff,

vs.

Mario Accomando

Defendant.

CASE NO.: D-21-628915

DEPT: 0

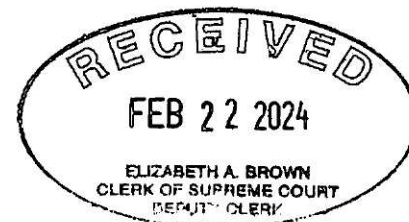
Application to Proceed in Forma Pauperis

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 _____.



24-06573

Personal Income (write "0" for any income you do not have)		
A	Monthly Wages from Employment (before taxes)	\$ 0.00
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 checked="" type="checkbox"/> food stamps <input type="checkbox"/> other: _____	\$ 52.00
E	Social Security	\$ 1118.00
F	Retirement / Pension	\$ 0.00
G	Monthly Child Support received	\$ 0.00
H	Other: _____	\$ 0.00
TOTAL INCOME (add lines A-H)		\$ 1170

Household Information		
A	How many adults (18 and up) live in the home (include yourself)?	2
B	How many children (under 18) live with you?	1
TOTAL HOUSEHOLD SIZE (add A+B)		3

Household Income		
List the names of the adults you live with and their estimated monthly earnings:		
Name: Nina Accomando	Relationship: Daughter	\$ 0.00
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)	\$ 250
C	Food	\$ 400
D	Child Care	\$ 0.00
E	Medical Expenses (including health insurance)	\$ 0.00
F	Transportation (insurance, gas, bus fare, etc.)	\$ 400
G	Other: _____	\$ 0.00
TOTAL EXPENSES (add lines A-G)		\$ 1050

Assets (write "n/a" and "0" for any assets you do not have)		
Asset	What It's Worth	What you Owe
Checking Account	\$ 3476	n/a
Savings Account	\$ 0.00	n/a
Car (year/make/model): 2015 Chevrolet Equinox	\$ 5000	\$
House / Real Estate You Own (address: _____)	\$ 0.00	\$ 0.00
Other:	\$ 0.00	\$ 0.00

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 live off my Social Security.

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

02/16/2024
~~02/05/2024~~
 Date

Mario Accomando
 Printed Name


 Signature