

IN THE _____, MISSOURI

"decc».		
Judge or Division:	Case Number:	
Petitioner:	Petitioner's Address/Telephone:	
Respondent:	Respondent's Address/Telephone:	
		(Date File Stamp)
Motion and Affidavit in S	Support of Request to Proceed A	s a Poor Person

			(Date File Stamp)	
Motion and Aff	idavit in Su	pport of Request to Proceed	As a Poor Person	
Marital Status:	larried, Spouse's	name:	Number of dependents:	
I	(Include Sp	use's Income and Expenses if Married)	I	
Monthly Income		Monthly Expenses		
Gross salary (before dedu	ctions) \$		ayment \$	
Public assistance	=	Utilities	\$	
Retirement/Pension		Food	\$	
Social Security		Payment on debts & credit ca		
Child Support		Child Support	\$	
Maintenance		Maintenance	\$	
Other income to be consid		Medical expenses to be cons		
Total Monthly Income	 \$	Total Monthly Expenses	 \$	
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Assets		Debts		
Cash on Hand	\$	Home loan balance	\$	
Bank Accounts:		Automobile loan(s)	\$	
Checking		Credit card balance(s)	\$	
Savings		Other debts to be considered		
			\$	
And/or other real estate \$			\$	
Approximate value of automobile(s) \$			\$	
(1) yr/make			\$	
(2) yr/make			\$	
Approximate value of pers	onal		\$	
Possessions (list)				
	\$			
	\$			
	\$			
Total Assets	\$	Total Debts	\$	
I swear/affirm under per	nalty of perjury th	t these facts are true to my best knowledg	ge and belief.	
Date		You	Your Signature	

OSCA (07-15) GN10 1 of 1 Rule 77.03, Section 514.040 RSMo