

DEPARTMENT OF THE ATTORNEY GENERAL
STATE OF HAWAII

STATE OF HAWAII,

Petitioner,

vs.

(Description of Property)

Defendant.

OWNER(S):

(All Interest Holders' Names)

A. G. NO. _____

DECLARATION IN SUPPORT OF
REQUEST TO PROCEED IN FORMA
PAUPERIS

[NOTE: THIS IS NOT A CLAIM. IF YOU ARE SUBMITTING A CLAIM, YOU MUST SUBMIT A SEPARATE DOCUMENT WITH THE INFORMATION AS SET FORTH IN §712A-12(5), H.R.S.]

I, [name] _____, declare that I am the claimant in the above-entitled case. I ask to proceed without posting a bond as required by Section 712A-10(9) of the Hawaii Revised Statutes. In support of my request, I state that because of my poverty, I am unable to pay the costs of said proceeding or to give security and that I believe I am entitled to relief.

1. Are you presently employed?

Yes___ No___

a. If the answer is "yes," state the amount of your salary or wages per month, and give the name and address of your employer.

- b. If the answer is "no," state the date of last employment and the amount of the salary or wages per month that you received.

2. Have you received within the past twelve months any money from any of the following sources?

- a. Business, profession, or other employment:

Yes___ No___

- b. Rent payments, interest, or dividends?

Yes___ No___

- c. Pensions, annuities, or life insurance payments?

Yes___ No___

- d. Gifts or inheritances?

Yes___ No___

- e. Any other sources?

Yes___ No___

If the answer to any of the above is "yes," describe each source of money and state the amount received from each during the past twelve months.

3. Do you own any cash, or do you have money in a checking or savings account? (Include any funds in prison accounts.)

Yes___ No___

If the answer is "yes," state the total value of the items owned.

4. Do you own real estate, stocks, bonds, notes, automobiles, or other valuable property (excluding ordinary household furnishings and clothing)?

Yes___ No___

If the answer is "yes," describe the property and state its approximate value.

5. List the persons who are dependent upon you for support, state your relationship to these persons, and indicate how much you contribute toward their support.

I swear on oath that the foregoing is true and correct.

Executed on _____ of _____, 20_____.
(date) (month) (year)

(signature)

(type or print name)

Subscribed and sworn to before me this ____ day
of _____ 20____.

NOTARY PUBLIC CERTIFICATION

Doc. Description: _____

Signature

No. of pages _____ Date of Doc _____

Print Name

Notary Public; State of Hawaii

My commission expires: _____

Notary Signature Date _____