IN THE IOWA DISTRICT COURT IN AND FOR _____ COUNTY (Name the county where the case is filed)

		`			
	Plaintiff(s)		Case Number		
Vs.			Application for Security ar		l of Fee, Costs, al Statement
	Defendant(s)				
I,	, hereby petition. I realize that the equest for a waive	on the court is applications. The follow	to proceed in the on relates to the owing financial	is lawsuit postponer statement	without the nent of these is submitted in
Current Mailing address:					
City:		S	tate:	Zip:	
Age: Date of Birth:		Telephone	Number		
City: Date of Birth: Marital Status: Single Name of Hyghend (Wife)	Married	Divor	ced	Widow(e	er)
Name of Husband/Wife		21101	Live with h	ushand/w	ife? Ves or No
Name of Husband/Wife If no, length of physical separation from Names and ages of dependent(s):	om husband/wife				
How long have you been a resident of Occupation:					
Present Employer:					
Present Employer:Address:	City: .		S	tate:	Zıp:
Former Employer:Address:					
Address:	City:		S	tate:	Zip:
Weekly take-home (net) earnings: \$_ Are you now in jail? Yes or No	Do you have a jo	, ,	(pre-tax) earnin Yes or No		Where and at
what wages:		_		,	
Bank with:	Ad	dress:			
Balance personal bank account:			\$		
Balance of joint account with husbar	nd/wife		\$		
Balance of joint account with any oth			Š		
What is your average monthly living	•	ng food ho	using transports	ation othe	er)?
Does any other person pay all or any If so, who pays these costs and how it	portion of these	expenses?		, , , , , , , , , , , , , , , , , , ,	
Motor vehicles: Give Make, Model, registered or titled in your name, name	Year, present val	lue, amount		if any and	whether

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List all sources of income, in your name, name of spouse or jointly shared with another, including salary, Net wages, pensions, bonds, stocks, securities, private business, farming, insurance, retirement benefits, social security benefits, lawsuits or settlements or others: ADC or Welfare relief, if any, in your name, name of spouse, or jointly shared with another: List all sources of public assistance, if any, including ADC, unemployment compensation, heating assistance, food stamps: Real estate owned in your name, name of spouse, or jointly shared with another (stereo, TV, furniture, trust funds, notes, bonds, stocks, savings certificates, life insurance, other): Value: \$ Are you a beneficiary or heir in an estate of a person deceased? List all debts or unpaid bills, including money owed for such things as: Housing, food, clothing, transportation (car-gas), utility costs, medical and dental services and other items; be specific: Does anyone owe you money or have any property belonging to you? Yes or No Give details in full: Do you have a judgment against anyone? Yes or No If yes, give name, date, court and amount of judgment:_____ Are you free on bond? Yes or No If yes, name(s) and addresses of sureties: If surety company, who paid bond premium? Have you or anyone else employed or offered to employ an attorney for you in this matter? Yes or No If yes, How much has the attorney been paid by you for you? \$______ Who can verify this information? ______ City: _____ State: ___ Zip: _____ Phone Number: I certify under penalty of perjury and pursuant to the laws of the State of Iowa that the foregoing statements are true and correct to the best of my knowledge, and are made in support of my request that the court defer prepayment of fees, costs, or security for me because I am financially unable to prepay the same **Applicant**

Applicant