

Name of Party

Address _____

Telephone _____

LABOR AND INDUSTRIAL RELATIONS APPEALS
BOARD STATE OF HAWAI'I

_____,	)	CASE NO.: AB _____
	)	DCD No.: _____
Claimant-Appell____,)	
)	
vs.	)	Accident Date: _____
)	
_____,)	
	)	MOTION FOR LEAVE TO PROCEED
Employer-Appell____,	)	ON APPEAL IN FORMA PAUPERIS
	)	AND DECLARATION IN SUPPORT
and	)	OF MOTION FOR LEAVE TO
	)	PROCEED ON APPEAL <i>IN FORMA</i>
_____,	)	<i>PAUPERIS</i> AND CERTIFICATE OF
	)	SERVICE
Insurance Carrier-)	
Appell____.)	
_____)	

MOTION FOR LEAVE TO PROCEED ON APPEAL IN FORMA PAUPERIS

I, _____, do hereby request leave to proceed on appeal *in forma pauperis*. Attached is my declaration in support of this motion.

Signature of Movant

**DECLARATION IN SUPPORT OF MOTION FOR LEAVE
TO PROCEED ON APPEAL IN FORMA PAUPERIS**

I, _____ hereby declare that I am the _____ in the above-entitled case; that in support of my motion to proceed on appeal without being required to prepay fees, costs or give security therefor I state that, because of my poverty, I am unable to pay the costs of said proceeding or to give security therefor, and that I believe I am entitled to redress.

I further declare that the responses which I have made to the questions and instructions below relating to my ability to pay the cost of prosecuting the appeal are true, under penalty of perjury.

1. ARE YOU PRESENTLY EMPLOYED?
 - 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 your last employment and the amount of the salary and wages per month which you received.

3. HAVE YOU RECEIVED WITHIN THE PAST 12 MONTHS ANY INCOME FROM A BUSINESS, PROFESSION OR OTHER FORM OF SELF-EMPLOYMENT, OR IN THE FORM OF RENT PAYMENTS, INTEREST, DIVIDENDS, GOVERNMENT BENEFITS (for example, welfare, food stamps, Social Security, workers' compensation, or unemployment benefits) OR OTHER SOURCES?
 - a. If the answer is yes, describe each source of income, and state the amount received from each during the past 12 months.

4. DO YOU OWN ANY CASH OR CHECKING OR SAVINGS ACCOUNT?
a. If the answer is yes, state the total value of the items owned.
5. DO YOU OWN ANY REAL ESTATE, STOCKS, BONDS, NOTES, AUTOMOBILES, OR OTHER VALUABLE PROPERTY (EXCLUDING ORDINARY HOUSEHOLD FURNISHINGS AND CLOTHING)?
a. If the answer is yes, describe the property and state its approximate value.

6. PROVIDE THE NUMBER OF PERSONS WHO ARE DEPENDENT UPON YOU FOR FINANCIAL SUPPORT:

#. _____

7. PROVIDE THE NUMBER OF PERSONS IN YOUR HOUSEHOLD:

#. _____

I understand that a false statement or answer to any questions in this declaration will subject me to penalties for perjury.

DATED: _____, Hawai'i, _____.

Signature of Declarant

Printed Name of Declarant

CERTIFICATE OF SERVICE

I hereby certify that a copy of the foregoing document was sent to the following by means of hand-delivery and/or U.S. Mail, postage prepaid at the last known address/addresses, on the date noted below:

Name: _____

Address: _____

Address (continued): _____

City, State ZIP: _____

Identify method of Service: _____

Name: _____

Address: _____

Address (continued): _____

City, State ZIP: _____

Identify Method of Service: _____

Dated: _____

Signed: _____

Print name: _____