

Name of Party

Address _____

Telephone _____

Claimant or Employer

LABOR AND INDUSTRIAL RELATIONS APPEALS BOARD

STATE OF HAWAII

_____,)	AB Case No. _____
)	
Claimant-Appell _____,)	DCD Case No. _____
)	
vs.)	Docket No. _____
)	
)	
_____,)	
)	
Employer-Appell _____,)	
)	
and)	
)	
)	
_____,)	
)	
Insurance Carrier-)	
Appell _____.)	
_____)	

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

STATE OF HAWAII)	
)	
COUNTY OF _____,)	SS.

I, _____, being first duly sworn, depose and say 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; that I believe I am entitled to redress; and that the issues which I desire to present on appeal are the following:

I further state 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.

1. ARE YOU PRESENTLY EMPLOYED? Yes No

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

b. If no, state the date of your last employment and the amount of the salary or wages per month, which you received.

2. HAVE YOU RECEIVED WITHIN THE PAST TWELVE MONTHS ANY INCOME FROM A BUSINESS, PROFESSION OR OTHER FORM OF SELF-EMPLOYMENT, OR IN THE FORM OF RENT PAYMENTS, INTEREST, DIVIDENDS, OR OTHER SOURCE? Yes No

a. If yes, describe each source of income, and state the amount received from each during the past twelve months.

3. DO YOU OWN ANY CASH OR CHECKING OR SAVINGS ACCOUNT? Yes No

a. If yes, state the total value of the items owned.

4. DO YOU OWN ANY REAL ESTATE, STOCKS, BONDS, NOTES, AUTOMOBILES, OR OTHER VALUABLE PROPERTY (EXCLUDING ORDINARY HOUSEHOLD FURNISHINGS AND CLOTHING)? Yes No

a. If yes, describe the property and state its approximate value.

5. LIST THE PERSONS WHO ARE DEPENDENT UPON YOU FOR SUPPORT AND STATE YOUR RELATIONSHIP TO THOSE PERSONS.

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

Signature of Affiant

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

Notary Public, State of Hawaii

My commission expires: _____

CERTIFICATE OF SERVICE

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

Dated: _____

Signed: _____