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Steven D. Grierson
CLERK OF THE COURT

PIFP

Name: LUBA DACE
[redacted]
City, State, Zip: LAS VEAGS, NV
[redacted]
[redacted]
Self-Represented

DISTRICT COURT
CLARK COUNTY, NEVADA

LUBA DACE Plaintiff, vs. MELVIN GRIMES ET AL Defendant.	CASE NO.: A-25-922833 DEPT: 21

Application to Proceed in Forma Pauperis

I am unable to pay the costs of prosecuting or defending this action. I request permission to proceed without paying costs or fees pursuant to NRS 12.015 based on the following:

☒ **Public Assistance.** I receive federal and/or state public assistance benefits: (☒ *check all that you receive*)

- ☐ Medicaid / Nevada Check Up
- ☒ SNAP (food stamp assistance)
- ☐ TANF (temporary assistance for needy families)
- ☐ Low-income energy assistance
- ☐ Child care subsidy / Child Care & Development Fund assistance
- ☐ Public housing
- ☐ SSI (supplemental security income)
- ☐ Other federal and/or state public assistance: _____

If you checked one of the above, you do not need to fill out the rest of this form. Sign and date page 3.

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☒ **Low income.** My household net income is equal to or below 150% of the federal poverty guidelines. *Fill out the information below.*

In my household there are _____ adults (over 18) and _____ children (under 18) for a total of 0 _____ people.

My monthly income (*all numbers should be after taxes are taken out*):

Employment (include tip/overtime)	$ 2700
Unemployment	$
Retirement / Pension	$
Social Security	$
Child Support	$
YOUR TOTAL	$ 2700

For each adult in the home, list their name and net monthly income (*after taxes*):

My total income (*your total from above*):	$ 2700
Adult's name:	$ 1300
Adult's name:	$
Adult's name:	$
Adult's name:	$
HOUSEHOLD TOTAL	$ 4000

☒ **My basic expenses are more than my income.** *Fill out the charts below.*

My monthly income:

Employment (include tip/overtime)	$ 2700
Unemployment	$
Retirement / Pension	$
Social Security	$
Child Support	$
TOTAL	$ 2700

My basic monthly expenses:

Rent / Mortgage	$ 2350
Utilities (electric, gas, water, phone, other utilities)	$ 400
Food	$ 400
Child care	$ 400
Medical expenses (health insurance, co-pays, out of pocket expenses)	$ 200
Transportation (bus fare, car, gas, insurance)	$ 150
TOTAL	$ 3900

☐ **Other Compelling Reason.** Explain why you cannot pay the filing fee.

_____

_____

_____

_____

_____

_____

I understand that if approved, the order allowing me to proceed in forma pauperis will be valid for one year. I will have to file a new application to proceed in forma pauperis if I need filing fees and court costs waived after one year.

I declare under penalty of perjury under the law of the State of Nevada that the foregoing is true and correct.

DATED JULY 11, 2025.

Submitted By: (*Signature*) ▸ /s/ LUBA DACE

Printed Name: LUBA DACE

OIFP

Name: LUBA DACE
[redacted]
City, State, Zip: LAS VEAGS, NV
[redacted]
[redacted]
Self-Represented

DISTRICT COURT
CLARK COUNTY, NEVADA

LUBA DACE Plaintiff, vs. MELVIN GRIMES ET AL Defendant.	CASE NO.: A-25-922833 DEPT: 21

Order to Proceed in Forma Pauperis

Upon consideration of the movant's Application to Proceed in Forma Pauperis, the Court finds that the movant may proceed as an indigent litigant.

IT IS HEREBY ORDERED that (*name*) LUBA DACE shall be permitted to proceed in forma pauperis with this action pursuant to the terms of this Order.

IT IS FURTHER ORDERED that if the above-named party prevails in this action, the Court shall enter an order pursuant to NRS 12.015 requiring the opposing party to pay the Court, within five (5) days, the costs which would have been incurred by the prevailing party, and those costs must then be paid as provided by law.

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IT IS FURTHER ORDERED that the above-named party shall be permitted to commence or defend the action without costs. The Clerk of Court shall file or issue any necessary writ, process, pleading, or paper without charge.

IT IS FURTHER ORDERED that the Sheriff or other appropriate officer within this State shall make personal service of any necessary writ, pleading, or paper without charge.

IT IS FURTHER ORDERED that this Order shall not apply to costs for transcripts or recordings of court proceedings. A separate application and order shall be required to waive any such fees.

IT IS FURTHER ORDERED that this Order shall expire one year from the date the Order is filed. The party shall be required to reapply for any further waiver after this Order expires.

_____

JUDGE

Respectfully Submitted:
(*Signature*) /s/ LUBA DACE
(*Printed Name*) LUBA DACE