

STATE OF NORTH CAROLINA

IN THE OFFICE OF
ADMINISTRATIVE HEARINGS

COUNTY OF

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<p>Petitioner,</p> <p style="text-align: center;">v.</p> <p>Respondent.</p>	<p style="text-align: center;">REQUEST TO PROCEED IN FORMA PAUPERIS N.C. Gen. Stat. § 150B-23.2; and 26 NCAC 03 .0103</p>
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Check one or more of the options below as applicable:

OPTION 1

I am presently a recipient of: Electronic food and nutrition benefits (EBT/SNAP)
Work First Family Assistance
Supplemental Security Income (SSI)

{OR}

OPTION 2

I am represented by: A legal service organization that has as its primary purpose the
furnishing of legal services to indigent persons

Private counsel working on behalf of a legal services
organization

{OR}

OPTION 3

Although I am not a recipient of EBT/SNAP, Work First Family Assistance, or SSI, nor am I
represented by legal services, I am financially unable to advance the costs of filing this action or appeal.

Under penalty of perjury, I declare that the information and proofs provided on this form are true and correct, to the best of my knowledge, and that I am financially unable to advance the required costs. I now request that the Office of Administrative Hearings allow me to proceed *in forma pauperis*.

Signature of Petitioner

Witness

Street/PO address

Date

City, State, & Zip Code

Mail the completed form to: Office of Administrative Hearings, ATTN: Chief Hearings Clerk,
1711 New Hope Church Road, Raleigh, North Carolina 27609