Filing Code: _____
Your Name: Flores-Valdovinos, Jesus
Address: 2190 E. Mesquite ave
City, State, Zip Pahrump, NV. 89060
Telephone: N/A
Email Address: N/A
Self-Represented

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FEB 25 2026
CLERK US DISTRICT COURT
DISTRICT OF NEVADA
BY: _____ DEPUTY

DISTRICT COURT
Clark COUNTY, NEVADA

Flores-Valdovinos, Jesús
Plaintiff / Petitioner,

vs.
Pamela Bondi; Kristi Noem, DHS
Defendant / Respondent.

CASE NO.: _____

DEPT: _____

D

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)	$
Unemployment	$
Retirement / Pension	$
Social Security	$
Child Support	$
YOUR TOTAL	$ 0

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

My total income (*your total from above*):	$ 0
Adult's name:	$
Adult's name:	$
Adult's name:	$
Adult's name:	$
HOUSEHOLD TOTAL	$ 0

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

My monthly income:

Employment (include tip/overtime)	$
Unemployment	$
Retirement / Pension	$
Social Security	$
Child Support	$
TOTAL	$ 0

My basic monthly expenses:

Rent / Mortgage	$
Utilities (electric, gas, water, phone, other utilities)	$
Food	$
Child care	$
Medical expenses (health insurance, co-pays, out of pocket expenses)	$
Transportation (bus fare, car, gas, insurance)	$
TOTAL	$ 0

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

I have been defained since August 11th 2025 and I have no income

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 February 21st, 2026

Submitted By: (*Signature*) ▸ /s/

Printed Name: Jesus Flores-Valdovinos