

\_\_\_\_\_  
Name and Prisoner/Booking Number

\_\_\_\_\_  
Place of Confinement

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
City, State, Zip Code

**IN THE UNITED STATES DISTRICT COURT  
FOR THE DISTRICT OF ARIZONA**

_____	)	
	)	
Petitioner,	)	CASE NO. _____
	)	
vs.	)	
	)	
_____	)	APPLICATION TO PROCEED
	)	<i>IN FORMA PAUPERIS</i>
Respondent(s).	)	BY A PRISONER
	)	(HABEAS)
_____	)	

I, \_\_\_\_\_, declare, in support of my request to proceed in the above entitled case without prepayment of fees under 28 U.S.C. § 1915, that I am unable to pay the fees for these proceedings or to give security therefor and that I believe I am entitled to relief.

In support of this application, I answer the following questions under penalty of perjury:

1. Are you currently employed at the institution where you are confined? **G**Yes **G**No  
If "Yes," state the amount of your pay and where you work. \_\_\_\_\_

\_\_\_\_\_

2. Do you receive any other payments from the institution where you are confined? **G**Yes **G**No  
If "Yes," state the source and amount of the payments. \_\_\_\_\_

\_\_\_\_\_

3. Do you have any other sources of income, savings, or assets either inside or outside of the institution where you are confined? **G**Yes **G**No  
If "Yes," state the sources and amounts of the income, savings, or assets. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I declare under penalty of perjury that the above information is true and correct.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF APPLICANT

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CERTIFICATE OF CORRECTIONAL OFFICIAL  
AS TO STATUS OF APPLICANT'S TRUST ACCOUNT

I, \_\_\_\_\_, certify that as of the date applicant signed this application:  
(Printed name of official)

The applicant's trust account balance at this institution is: \$\_\_\_\_\_.

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DATE	AUTHORIZED SIGNATURE	TITLE/ID NUMBER	INSTITUTION
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