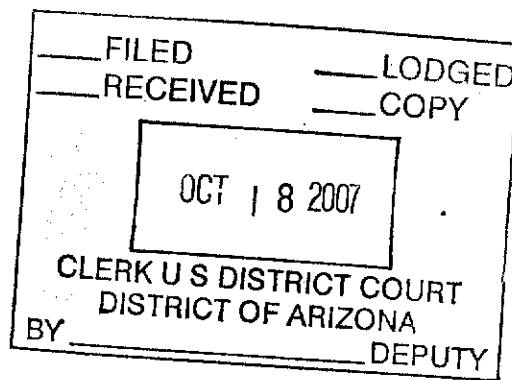


Brian William Aderhold  
 Name and Prisoner/Booking Number  
FCI-Safford  
 Place of Confinement  
P.O. Box 9000  
 Mailing Address  
Safford, Arizona state 85548  
 City, State, Zip Code



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

Brian William Aderhold )  
 )  
 Petitioner, )  
 )  
 vs. )  
 )  
United States of America )  
 )  
 Respondent(s). )  
 )

CASE NO. CV 07-531-TUC-JMZ

APPLICATION TO PROCEED  
 IN FORMA PAUPERIS  
 BY A PRISONER  
 (HABEAS)

I, Brian William Aderhold, 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:

- Are you currently employed at the institution where you are confined?  Yes  No  
 If "Yes," state the amount of your pay and where you work. I work in FCI-Safford's Recreation PM Department and make approximately 14-16.00 per month.
- Do you receive any other payments from the institution where you are confined?  Yes  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?  Yes  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.

10/15/07  
DATE

Brian W Adedunbi  
SIGNATURE OF APPLICANT

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

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

The applicant's trust account balance at this institution is: \$ .71

10/15/07 Elvira DeBruer Unit Manager FCI Safford  
DATE AUTHORIZED SIGNATURE TITLE/ID NUMBER INSTITUTION