

<u>Id.</u> To assist prisoners in meeting these requirements, the Court requires use of a form application. LRCiv 3.4(a).

If a prisoner is granted leave to proceed *in forma pauperis*, the Court will assess an initial partial filing fee of 20% of either the average monthly deposits or the average monthly balance in Plaintiff's account, whichever is greater. 28 U.S.C. § 1915(b)(1). An initial partial filing fee will only be collected when funds exist. 28 U.S.C. § 1915(b)(4). The balance of the fee will be collected in monthly payments of 20% of the preceding month's income credited to an inmate's account, each time the amount in the account exceeds \$10.00. 28 U.S.C. § 1915(b)(2).

II. Application Fails to Comply With Statute

Plaintiff has used the court-approved form and completed the "Consent to Collection of Fees from Trust Account" section and had the "Certificate of Correctional Official as to Status of Applicant's Trust Account" section completed. However, Plaintiff has not submitted a certified six-month trust account statement. In light of that deficiency, Plaintiff will be permitted 30 days to either pay the \$350.00 filing fee or file a complete Application to Proceed *In Forma Pauperis*.

III. Warnings

A. Address Changes

Plaintiff must file and serve a notice of a change of address in accordance with Rule 83.3(d) of the Local Rules of Civil Procedure. Plaintiff must not include a motion for other relief with a notice of change of address. Failure to comply may result in dismissal of this action.

B. Copies

Plaintiff must submit an additional copy of every filing for use by the Court. <u>See</u> LRCiv 5.4. Failure to comply may result in the filing being stricken without further notice to Plaintiff.

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C. Possible Dismissal

If Plaintiff fails to timely comply with every provision of this Order, including these warnings, the Court may dismiss this action without further notice. See Ferdik v. Bonzelet, 963 F.2d 1258, 1260-61 (9th Cir. 1992) (a district court may dismiss an action for failure to comply with any order of the Court).

IT IS ORDERED:

- (1) Plaintiff's Application to Proceed *In Forma Pauperis*, filed with the Complaint, is **denied without prejudice**. (Doc. 3.)
- (2) Within 30 days of the date this Order is filed, Plaintiff must either pay the \$350.00 filing fee **or** file a completed Application to Proceed *In Forma Pauperis* and a certified six-month trust account statement.
- (3) If Plaintiff fails to either pay the \$350.00 filing fee or file a completed Application to Proceed *In Forma Pauperis* within 30 days, the Clerk of Court must enter a judgment of dismissal of this action without prejudice and without further notice to Plaintiff.
- (4) The Clerk of the Court must mail Plaintiff a court-approved form for filing an Application to Proceed *In Forma Pauperis* (Non-Habeas).

Senior United States District Judge

DATED this 13th day of June, 2011.

Instructions for Prisoners Applying for Leave to Proceed *in Forma Pauperis* Pursuant to 28 U.S.C. § 1915 in a Civil Action (Non-habeas) in Federal Court

You must pay the full filing fee of \$350.00 for a civil action. If you later file an appeal, you will be obligated to pay the \$455.00 filing fee for the appeal.

If you have enough money to pay the full filing fee, you should send a cashier's check or money order payable to the Clerk of the Court with your complaint, petition, or notice of appeal.

If you do not have enough money to pay the full filing fee, you can file the action without prepaying the filing fee. However, the court will assess an initial partial filing fee. The initial partial filing fee will be the greater of 20% of the average monthly deposits or 20% of the average monthly balance in your prison or jail account for the six months immediately preceding the filing of the lawsuit. The court will order the agency that has custody of you to withdraw the initial partial filing fee from your prison or jail account as soon as funds are available and to forward the money to the court.

After the initial partial filing fee has been paid, you will owe the balance of the filing fee. Until the filing fee is paid in full, each month you will owe 20% of your preceding month's income. The agency that holds you in custody will collect that money and forward it to the court any time the amount in your account exceeds \$10.00. The balance of the filing fee may be collected even if the action is later dismissed, summary judgment is granted against you, or you fail to prevail at trial.

To file an action without prepaying the filing fee, and to proceed with an action *in forma pauperis*, you must complete the attached form and return it to the court with your complaint. You must have a prison or jail official complete the certificate on the bottom of the form and attach a certified copy of your prison or jail account statement for the last six months. If you were incarcerated in a different institution during any part of the past six months, you must attach a certificate and a certified copy of your account statement from <u>each</u> institution at which you were confined. If you submit an incomplete form or do not submit a prison or jail account statement with the form, your request to proceed *in forma pauperis* will be denied.

Even if some or all of the filing fee has been paid, the court is required to dismiss your action if: (1) your allegation of poverty is untrue; (2) the action is frivolous or malicious; (3) your complaint does not state a claim upon which relief can be granted; or (4) your complaint makes a claim against a defendant for money damages and that defendant is immune from liability for money damages.

If you file more than three actions or appeals which are dismissed as frivolous or malicious or for failure to state a claim on which relief can be granted, you will be prohibited from filing any other action *in forma pauperis* unless you are in imminent danger of serious physical injury.

Name	and Prisoner/Booking Number	_	
Place	of Confinement	_	
Mailiı	ng Address		
City, S	State, Zip Code	<u> </u>	
		ATES DISTRICT COURT RICT OF ARIZONA	
)) CASE NO	
	Plaintiff,)	
	vs.) APPLICATION TO PROCEED) IN FORMA PAUPERIS) BY A PRISONER	
	Defendant(s).) CIVIL (NON-HABEAS)	
pro	itled case without prepayment of fees under 28 ceedings or to give security therefor and that I be In support of this application, I answer the followard Have you ever before brought an action or appear Yes No If "Yes," how many haw were any of the actions or appeals dismissed by claim upon which relief may be granted?	wing questions under penalty of perjury: l in a federal court while you were incarcerated or detaine we you filed? ecause they were frivolous, malicious, or failed to state Yes \[\textstyle \textst	ed?
2.		here you are confined?	
3.	Do you receive any other payments from the in If "Yes," state the source and amount of the pay	stitution where you are confined? Yes Nements.	

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4.	Do you have any other sources of income, 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.				
	DATE	SIGNATUR	E OF APPLICANT		
	CONSENT TO COLLECT	TION OF FEES FROM TRUST	ACCOUNT		
corrordo Cou	I,	ount information. I further come from my trust account the fures in accordance with 28 U.S.C account by correctional officials my account for the six-month property account for the six-month property amount in my account by correction and the six-month property amount in my account reaches for the six-month property amount in my account reaches for the six-month property amount in my account property amount in my account property amount in my account reaches for the six-month property amount in my account prope	nds required to comply with the § 1915(b). of partial initial payments to this eriod preceding my filing of this eriod preceding my filing of this conal officials of an amount equal \$10.00, correctional officials will spaid in full. I understand that I		
	DATE	SIGNATUR	E OF APPLICANT		
		OF CORRECTIONAL OFFICE APPLICANT'S TRUST ACC			
	I,(Printed name of official)	, certify that as of the date ap	oplicant signed this application:		
	The applicant's trust account balance at the		\$		
	The applicant's average monthly deposits		\$		
	The applicant's average monthly balance of the attached certified account statement a		he applicant's account.		
DA	TE AUTHORIZED SIGNATU	URE TITLE/ID NUMB	ER INSTITUTION		

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