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**IN THE UNITED STATES DISTRICT COURT**

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**FOR THE DISTRICT OF ARIZONA**

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Anthony Jackson,

)

No. CV 12-1869 PHX RCB (LOA)

10

Plaintiff,

)

**ORDER**

11

vs.

)

12

Charles L. Ryan, et al.,

)

13

Defendants.

)

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On September 4, 2012, Plaintiff Anthony Jackson, who is confined in the Arizona State Prison Complex-Lewis in Buckeye, Arizona, filed a *pro se* civil rights Complaint pursuant to 42 U.S.C. § 1983 and an Application to Proceed *In Forma Pauperis*. On September 24, 2012, he filed a Notice of First Amended Complaint. In an October 12, 2012 Order, the Court denied the deficient Application to Proceed and gave Plaintiff 30 days to either pay the fee or file a complete Application to Proceed *In Forma Pauperis*.

21

On October 29, 2012, Plaintiff filed an Application for Appointment of Counsel. On November 5, 2012, he filed a second Application to Proceed *In Forma Pauperis* (Doc. 8).

23

**I. Payment of Filing Fee**

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When bringing an action, a prisoner must either pay the \$350.00 filing fee in a lump sum or, if granted the privilege of proceeding *in forma pauperis*, pay the fee incrementally as set forth in 28 U.S.C. § 1915(b)(1). An application to proceed *in forma pauperis* requires an affidavit of indigence and a *certified* copy of the inmate’s trust account statement for the six months preceding the filing of the Complaint. 28 U.S.C. § 1915(a)(2). An inmate must

1 submit statements from each institution where he was confined during the six-month period.  
2 Id. To assist prisoners in meeting these requirements, the Court requires use of a form  
3 application. LRCiv 3.4(a).

4 If a prisoner is granted leave to proceed *in forma pauperis*, the Court will assess an  
5 initial partial filing fee of 20% of either the average monthly deposits or the average monthly  
6 balance in Plaintiff's account, whichever is greater. 28 U.S.C. § 1915(b)(1). An initial  
7 partial filing fee will only be collected when funds exist. 28 U.S.C. § 1915(b)(4). The  
8 balance of the fee will be collected in monthly payments of 20% of the preceding month's  
9 income credited to an inmate's account, each time the amount in the account exceeds \$10.00.  
10 28 U.S.C. § 1915(b)(2).

11 **II. Second Application Fails to Comply With Statute**

12 Plaintiff has used the court-approved form, but he has not signed and dated the  
13 "Consent to Collection of Fees from Trust Account" section of the Application to Proceed.  
14 This part of the *in forma pauperis* application must be filled out, signed, and dated. The  
15 "Certificate of Correctional Official as to Status of Applicant's Trust Account" section is also  
16 not completed. In light of these deficiencies, the Court will deny the second Application to  
17 Proceed *In Forma Pauperis*. The Court will give Plaintiff 30 days to either pay the \$350.00  
18 filing fee or file a complete Application to Proceed *In Forma Pauperis*.

19 **III. Warnings**

20 **A. Address Changes**

21 Plaintiff must file and serve a notice of a change of address in accordance with Rule  
22 83.3(d) of the Local Rules of Civil Procedure. Plaintiff must not include a motion for other  
23 relief with a notice of change of address. Failure to comply may result in dismissal of this  
24 action.

25 **B. Copies**

26 Plaintiff must submit an additional copy of every filing for use by the Court. See  
27 LRCiv 5.4. Failure to comply may result in the filing being stricken without further notice  
28 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 second Application to Proceed *In Forma Pauperis* (Doc. 8) is **denied without prejudice**.

(2) Within 30 days of the date this Order is filed, Plaintiff must either pay the \$350.00 filing fee **or** file a complete Application to Proceed *In Forma Pauperis* and a certified six-month trust account statement from the ADOC's Central Office.

(3) If Plaintiff fails to either pay the \$350.00 filing fee or file a complete 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).

DATED this 4th day of December, 2012.

  
\_\_\_\_\_  
Robert C. Broomfield  
Senior United States District Judge

\_\_\_\_\_  
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:

- 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. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- 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.

\_\_\_\_\_  
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: \$\_\_\_\_\_.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
AUTHORIZED SIGNATURE

\_\_\_\_\_  
TITLE/ID NUMBER

\_\_\_\_\_  
INSTITUTION