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6 **IN THE UNITED STATES DISTRICT COURT**
7 **FOR THE DISTRICT OF ARIZONA**
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9 Ramon Manuel Rivera,
10 Plaintiff,

No. CV 13-1292-PHX-RCB (JFM)

11 vs.

ORDER

12 Brennan, et al.,

13
14 Defendants.
15

16 On June 27, 2013, Plaintiff Ramon Manuel Rivera, who is confined in the
17 Maricopa County Fourth Avenue Jail, filed a *pro se* civil rights Complaint pursuant to 42
18 U.S.C. § 1983. Plaintiff did not pay the \$350.00 civil action filing fee and \$50.00
19 administrative fee¹ or file an Application to Proceed *In Forma Pauperis*. The Court will
20 give Plaintiff 30 days to pay the filing and administrative fees or file a complete
21 Application to Proceed *In Forma Pauperis*.

22 **I. Payment of Filing Fee**

23 When bringing an action, a prisoner must either pay the \$350.00 filing fee and a
24 \$50.00 administrative fee in a lump sum or, if granted the privilege of proceeding *in*
25

26 ¹ Effective May 1, 2013, the Clerks of Court for the United States District Courts
27 are required to collect a \$50.00 administrative fee for the filing of a civil action, suit, or
28 proceeding in a district court. See Judicial Conference Schedule of Fees, District Court
Miscellaneous Fee Schedule ¶14 (effective May 1, 2013), foll. 28 U.S.C. § 1914.
However, the administrative fee “does not apply to applications for a writ of habeas
corpus or to persons granted *in forma pauperis* status under 28 U.S.C. § 1915.” *Id.*

1 *forma pauperis*, pay the \$350.00 filing fee incrementally as set forth in 28 U.S.C.
2 § 1915(b)(1). An application to proceed *in forma pauperis* requires an affidavit of
3 indigence and a *certified* copy of the inmate's trust account statement for the six months
4 preceding the filing of the Complaint. 28 U.S.C. § 1915(a)(2). An inmate must submit
5 statements from each institution where he was confined during the six-month period. *Id.*
6 To assist prisoners in meeting these requirements, the Court requires use of a form
7 application. LRCiv 3.4.

8 If a prisoner is granted leave to proceed *in forma pauperis*, the Court will assess an
9 initial partial filing fee of 20% of either the average monthly deposits or the average
10 monthly balance in Plaintiff's account, whichever is greater. 28 U.S.C. § 1915(b)(1). An
11 initial partial filing fee will only be collected when funds exist. 28 U.S.C. § 1915(b)(4).
12 The balance of the \$350.00 filing fee will be collected in monthly payments of 20% of
13 the preceding month's income credited to an inmate's account, each time the amount in
14 the account exceeds \$10.00. 28 U.S.C. § 1915(b)(2).

15 Because Plaintiff has not paid the \$400.00 filing and administrative fees or filed an
16 Application to Proceed *In Forma Pauperis*, Plaintiff will be permitted 30 days from the
17 filing date of this Order to submit a properly executed and certified Application to
18 Proceed *In Forma Pauperis*, using the form included with this Order, or pay the \$400.00
19 filing and administrative fees.

20 **II. Warnings**

21 **A. Address Changes**

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

26 **B. Copies**

27 Plaintiff must submit an additional copy of every filing for use by the Court. *See*
28 LRCiv 5.4. Failure to comply may result in the filing being stricken without further

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notice to Plaintiff.

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) Within 30 days of the date this Order is filed, Plaintiff must either pay the \$400.00 filing and administrative fees **or** file a complete Application to Proceed *In Forma Pauperis* and a certified six-month trust account statement.

(2) If Plaintiff fails to either pay the \$400.00 filing and administrative fees 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.

(3) The Clerk of Court must mail Plaintiff a court-approved form for filing an Application to Proceed *In Forma Pauperis* (Non-Habeas).

DATED this 25th day of September, 2013.



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:

1. 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. _____

2. 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

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