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NOT FOR PUBLICATION

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

Ronald Fox,  
Petitioner,  
vs.  
Charles L. Ryan, et al.,  
Respondents.

No. CV 10-8186-PCT-GMS (ECV)

**ORDER**

On September 27, 2010, Petitioner Ronald Fox, who is confined in the Arizona State Prison Complex-Tucson, filed a *pro se* Petition for Writ of Habeas Corpus pursuant to U.S.C. § 2254 (Doc. 1). Petitioner has not paid the \$5.00 filing fee or filed an Application to Proceed *In Forma Pauperis*.

**I. Failure to Pay Filing Fee**

Rule 3.5(b) of the Local Rules of Civil Procedure requires that “[i]f a habeas corpus petitioner desires to prosecute the petition *in forma pauperis*, the petitioner shall file an application to proceed *in forma pauperis* on a form approved by the Court, accompanied by a certification of the warden or other appropriate officer of the institution in which the petitioner is confined as to the amount of money or securities on deposit to the petitioner’s credit.” Rule 3.5(b) also requires payment of the \$5.00 filing fee if a petitioner has in excess of \$25.00 in his inmate account.

1           Because Petitioner has not paid the \$5.00 filing fee or filed an Application to Proceed  
2 *In Forma Pauperis*, Petitioner will be given 30 days from the date this Order is filed to either  
3 pay the \$5.00 filing fee or file a completed Application to Proceed *In Forma Pauperis* using  
4 the form included with this Order.

5 **II.    Warnings**

6           **A.    Address Changes**

7           Petitioner must file and serve a notice of a change of address in accordance with Rule  
8 83.3(d) of the Local Rules of Civil Procedure. Petitioner must not include a motion for other  
9 relief with a notice of change of address. Failure to comply may result in dismissal of this  
10 action.

11          **B.    Copies**

12          Petitioner must submit an additional copy of every filing for use by the Court. See  
13 LRCiv 5.4. Failure to comply may result in the filing being stricken without further notice  
14 to Petitioner.

15          **C.    Possible Dismissal**

16          If Petitioner fails to timely comply with every provision of this Order, including these  
17 warnings, the Court may dismiss this action without further notice. See *Ferdik v. Bonzelet*,  
18 963 F.2d 1258, 1260-61 (9th Cir. 1992) (a district court may dismiss an action for failure to  
19 comply with any order of the Court).

20 **IT IS ORDERED:**

21          (1)    Within 30 days of the date this Order is filed, Petitioner **must either** pay the  
22 \$5.00 filing fee **or** file a completed Application to Proceed *In Forma Pauperis*.

23          (2)    **If** Petitioner fails to either pay the \$5.00 filing fee or file a completed  
24 Application to Proceed *In Forma Pauperis* within 30 days, the Clerk of Court must enter a  
25 judgment of dismissal of this action without prejudice and without further notice to  
26 Petitioner.

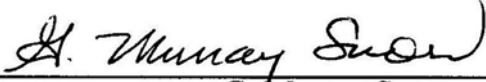
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(3) The Clerk of Court **must mail** to Petitioner a court-approved form for filing an Application to Proceed *In Forma Pauperis* (Habeas).

DATED this 5th day of October, 2010.

  
\_\_\_\_\_  
G. Murray Snow  
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> BY A PRISONER (HABEAS)
Respondent(s).	)	
	)	

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

---

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