

UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF ARKANSAS

Clester Bills

(Plaintiff)

vs.

Civil No. 3:16-cv-00048 KGB

Blytheville Water Work

(Defendant)

APPELLATE FILING FEE NOTICE

Final Judgment was entered in this action on June 27, 2017. You are hereby notified that in order to take an appeal from this judgment, you must file a Notice of Appeal.¹ You are further notified that if a Notice of Appeal is filed in this civil action that:

- (a) the filing of a Notice of Appeal makes you liable for payment of the full \$505 appellate filing fees regardless of the outcome of the appeal;
- (b) by filing a Notice of Appeal, you consent to the deduction of the initial partial appellate filing fee and the remaining installments from your prison account by prison officials;
- (c) you must submit to the clerk of the district court a certified copy of your prison account for the last six months within 30 days of filing the Notice of Appeal; and
- (d) failure to file the prison account information will result in the assessment of an initial appellate partial fee of \$35 or such other amount that is reasonable, based on whatever information the court has about your finances.

Pursuant to 28 U.S.C. § 1915(g) governing prisoner litigation:

In no event shall a prisoner bring a civil action or appeal a judgment in a civil action or proceeding under this section if the prisoner has, on 3 or more prior occasions while incarcerated or detained in any facility, brought an action or

¹This office does not have Notice of Appeal forms for civil cases.

appeal in a court of the United States that was dismissed on the grounds that it was frivolous, malicious, or fails to state a claim upon which relief may be granted.

Pursuant to 28 U.S.C. §1915(b) governing prisoner litigation, if a Notice of Appeal is filed you must:

- (a) pay to the U.S. District Court the full \$505 appellate filing fee at the time the Notice of Appeal is filed, or
- (b) obtain leave to proceed in forma pauperis and pay an initial partial filing fee.

To proceed in forma pauperis you must complete and return to the U.S. District Court the following forms which are attached:

- (1) *APPLICATION TO PROCEED WITHOUT PREPAYMENT OF FEES AND AFFIDAVIT.* (See Attachment 1)
- (2) *CALCULATION OF INITIAL PAYMENT OF FILING FEE.*
(See Attachment 2)

The Court will review the documents and will notify you of its ruling. If these items are not received within 30 days of filing a Notice of Appeal, a notice will be sent to the Court which will result in the assessment of an initial appellate partial fee of \$35 or such other amount that is reasonable, based on whatever information the Court has about the prisoner's finances.

Dated on this 27 day of June, 2017.

JAMES W. McCORMACK
CLERK OF COURT

UNITED STATES DISTRICT COURT

for the

Eastern District of Arkansas

_____)	
Clester Bills)	
Plaintiff/Petitioner)	
v.)	Civil Action No. 3:16-cv-00048 KGB
Blytheville Water Work)	
_____)	
Defendant/Respondent)	

APPLICATION TO PROCEED IN DISTRICT COURT WITHOUT PREPAYING FEES OR COSTS (Short Form)

I am a plaintiff or petitioner in this case and declare that I am unable to pay the costs of these proceedings and that I am entitled to the relief requested.

In support of this application, I answer the following questions under penalty of perjury:

1. *If incarcerated.* I am being held at: _____ .
If employed there, or have an account in the institution, I have attached to this document a statement certified by the appropriate institutional officer showing all receipts, expenditures, and balances during the last six months for any institutional account in my name. I am also submitting a similar statement from any other institution where I was incarcerated during the last six months.

2. *If not incarcerated.* If I am employed, my employer's name and address are:

My gross pay or wages are: \$ _____ , and my take-home pay or wages are: \$ _____ per
(specify pay period) _____ .

3. *Other Income.* In the past 12 months, I have received income from the following sources (check all that apply):

- | | | |
|--|------------------------------|-----------------------------|
| (a) Business, profession, or other self-employment | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (b) Rent payments, interest, or dividends | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (c) Pension, annuity, or life insurance payments | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (d) Disability, or worker's compensation payments | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (e) Gifts, or inheritances | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (f) Any other sources | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If you answered "Yes" to any question above, describe below or on separate pages each source of money and state the amount that you received and what you expect to receive in the future.

4. Amount of money that I have in cash or in a checking or savings account: \$ _____ .

5. Any automobile, real estate, stock, bond, security, trust, jewelry, art work, or other financial instrument or thing of value that I own, including any item of value held in someone else's name (*describe the property and its approximate value*):

6. Any housing, transportation, utilities, or loan payments, or other regular monthly expenses (*describe and provide the amount of the monthly expense*):

7. Names (or, if under 18, initials only) of all persons who are dependent on me for support, my relationship with each person, and how much I contribute to their support:

8. Any debts or financial obligations (*describe the amounts owed and to whom they are payable*):

Declaration: I declare under penalty of perjury that the above information is true and understand that a false statement may result in a dismissal of my claims.

Date: _____

Applicant's signature

Printed name

CERTIFICATE
(Prisoner Accounts Only)
(To be Completed by the Institution of Incarceration)

I certify that the applicant named herein has the sum of \$_____ on account to his/her credit at the _____ institution where he is confined.

I further certify that the applicant likewise has the following securities to his/her credit according to the records of said institution: _____

_____.

I further certify that during the past six months the applicant's average balance was \$_____.

Date

Signature of Authorized Officer of Institution

CALCULATION OF INITIAL PAYMENT OF FILING FEE

(To be Completed by the Institution of Incarceration)

PLAINTIFF: _____

ADC NUMBER: _____

FEDERAL COURT CASE NUMBER (IF KNOWN): _____

Total deposits for last six (6) months: \$ _____

Average monthly deposit (total deposits divided by 6): \$ _____

Total balances for last six (6) months: \$ _____

Average monthly balance:
(Total balances divided by 6) \$ _____

Current account balance: \$ _____

Initial payment of filing fee as of _____: \$ _____

(The greater of the average monthly deposit
Or the average monthly balance x .20)

DATE: _____ AUTHORIZED OFFICIAL _____

(NO FILING FEE SHALL BE IN EXCESS OF
\$350.00 FOR A CIVIL LAWSUIT
OR
\$505.00 FOR AN APPEAL)