

**FILED**  
U.S. DISTRICT COURT  
EASTERN DISTRICT OF ARKANSAS

**UNITED STATES DISTRICT COURT**

for the ~~RECEIVED~~  
U.S. DISTRICT COURT  
Eastern District of Arkansas  
ARKANSAS

SEP 07 2021

TAMMY H. DOWNS, CLERK  
By: *[Signature]*  
DEP CLERK

David M. Gilbert  
Plaintiff/Petitioner

2021 SEP -7 A 9:38

Allen Estes & Christi Oliver  
Defendant/Respondent

) Civil Action No. \_\_\_\_\_

) \_\_\_\_\_

**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: Stone County Jail.

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: \$ 0.00, and my take-home pay or wages are: \$ 0.00 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 checked="" type="checkbox"/> No
(b) Rent payments, interest, or dividends	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(c) Pension, annuity, or life insurance payments	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(d) Disability, or worker's compensation payments	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(e) Gifts, or inheritances	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(f) Any other sources	<input type="checkbox"/> Yes	<input checked="" 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.

Stimulus Check

4. Amount of money that I have in cash or in a checking or savings account: \$ 0.00

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*):

2010 Dodge Ram 1500  
Travel Trailer 2008 Preliminary

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

Water Bill \$100.00 Month

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:

None

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

Hospital Bills 25,000.00 to 30,000.00

*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: 8-19-21

David Gilbert  
*Applicant's signature*

David Gilbert  
*Printed name*

## CALCULATION OF INITIAL PAYMENT OF FILING FEE

(To be Completed by the Institution of Incarceration)

PLAINTIFF:

David M. Gilbert

ADC NUMBER:

FEDERAL COURT CASE NUMBER (IF KNOWN):

Total deposits for last six (6) months:

\$ 0.00

Average monthly deposit (total deposits divided by 6):

\$ 0.00

Total balances for last six (6) months:

\$ 0.00

Average monthly balance:

\$ 0.00

(Total balances divided by 6)

Current account balance:

\$ 0.00

Initial payment of filing fee as of \_\_\_\_\_:

\$ \_\_\_\_\_

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

DATE:

- - 21

AUTHORIZED OFFICIAL

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

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

I certify that the applicant named herein has the sum of \$ 0.00 on account to his/her credit at the Stone County Jail 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: 0.00 (B&C)

I further certify that during the past six months the applicant's average balance was \$ 0.00.

-----  
Date

\_\_\_\_\_  
Signature of Authorized Officer of Institution