|  |   | UNITED STATES I<br>CENTRAL DISTRIC  |   |  |
|--|---|---|---|--|
|  |   |   | CASE NUMBER   |  |
|  |   |   |   |  |
| PRISONER/PLAINTIFF,                        |   |   |   |  |
|  |   | v.  | REQUEST TO PROCEED WITHOUT                                  |  |
|  |   |   | PREPAYMENT OF FILING FEES WITH DECLARATION IN SUPPORT       |  |
|  |   | DEFENDANT(S).   | DECLARATION IN SUPPORT                                      |  |
|  |   |   |   |  |
| Ι, _                                       |   |   | , declare under penalty of perjury, that the following is   |  |
|  |   | d correct; that I am the prisoner-plaintiff in the above e                                | ntitled case; that in support of my request to proceed      |  |
|  |   | 1 1 7   | leclare that because of my poverty I am unable to pay the   |  |
| Tul  | 1 cos   | sts of said proceedings or to give security therefore and                                 | that I am entitled to redress.                              |  |
|  |   |   | nich I have made to the questions and instructions below ar |  |
| tru  | e, co   | orrect and complete.  |   |  |
| 1.   | Ar  | e you presently employed in prison? □Yes □No  |   |  |
|  | a.  | If the answer is yes, state the number of hours you wo                                    | rk per week and the hourly rate of pay:                     |  |
|  |   |   |   |  |
|  |   |   |   |  |
|  |   |   |   |  |
|  | b. State the place of your incarceration  |   |   |  |
|  |   | trust account statement showing transactions for the p                                    |   |  |
|  |   | _   |   |  |
| 2.   |   | we you received, within the past twelve months, any mo                                    | · · · · · · · · · · · · · · · · · · ·                       |  |
|  |   | Business, profession or form of self-employment?<br>Rent payments, interest or dividends? | □Yes □No<br>□Yes □No  |  |
|  |   | Pensions, annuities or life insurance payments?   | □Yes □No  |  |
|  |   | Gifts or inheritances?  | □Yes □No  |  |
|  | e.  | Any other income (other than listed above)?   | □Yes □No  |  |
|  | f.  | Loans?  | □Yes □No  |  |
|  | If the answer to any of the above is yes, describe such source of money and state the amount received from each |   |   |  |
| source during the past twelve (12) months: |   |   |   |  |
| source during the past twerve (12) months. |   |   |   |  |
|  |   |   |   |  |

| 3.  | Do you own any cash, or do you have money in a checking or savings account? (Include any funds in prison accounts, if applicable.) $\square$ Yes $\square$ No  |  |  |  |
|---|--|--|--|--|
|   | If the answer is yes, identify each account and separately state the amount of money held in <u>each</u> account for each of the giv (6) months prior to the data of this declaration  |  |  |  |
|   | the six (6) months prior to the date of this declaration.  |  |  |  |
| 4.  | Do you own any real estate, stocks, bonds, notes, automobiles, or other valuable property (excluding ordinary household furnishings and clothing)? $\square$ Yes $\square$ No  |  |  |  |
|   | If the answer is yes, describe the property and state it approximate value:  |  |  |  |
| 5.  | In what year did you last file an Income Tax Return?   |  |  |  |
| Approximately how much income did your last tax return reflect? |  |  |  |  |
| 6.  | List the persons who are dependent upon your for support, state your relationship to those persons, and indicate how   |  |  |  |
|   | much you contribute toward their support:  |  |  |  |
|   |  |  |  |  |
|   | I understand that a false statement or answer to any question in this declaration will subject me to penalties for perjury. I further understand that perjury is punishable by a term of imprisonment of up to five (5) years and/or a fin of \$250,000 (18 U.S.C. Sections 1621, 3571). |  |  |  |
|   | State County (or City)   |  |  |  |
| I, _  | , declare under penalty of perjury that the foregoing is true and correct.   |  |  |  |
|   | Date Prisoner/Plaintiff (Signature)  |  |  |  |
|   |  |  |  |  |

## PRISONER AUTHORIZATION

| If my request to proceed without prepayment of filing fees is granted, I understand that I full amount of the filing fees for this case, regardless of my forma pauperis status and th further authorize the prison officials at this institution to assess, collect and forward to the fees, in monthly payments based on the average of deposits to or balance in my prison to U.S.C. Section 1915. | e disposition of this case. I<br>ne Court the full amount of these |
|---|--|
| Prisoner-Plaintiff (Sign  | nature)  |
|   |  |
|   |  |
| CERTIFICATE OF AUTHORIZED OFFICER   |  |
| I hereby certify that the Prisoner-Plaintiff herein has credit in the sum of \$   | on account at  |
| the institution where Priso   | oner-Plaintiff is confined.  |
| I further certify that during the past six months the applicant's average monthly balance certify that during the past six months the average of monthly deposits to the applicant's  |  |
|   |  |
| A certified copy of the prisoner-plaintiff's trust account statement for the last six (6) more  | nths is attached.  |
| A certified copy of the prisoner-plaintiff's trust account statement for the last six (6) more  | nths is attached.  |
| A certified copy of the prisoner-plaintiff's trust account statement for the last six (6) more  | nths is attached.  |

Authorized Officer of Institution (Signature)

Date