UNITED STATES DISTRICT COURT CENTRAL DISTRICT OF CALIFORNIA

	CASE NUMBER
PRISONER/PLAINTIFF, v.	REQUEST TO PROCEED WITHOUT
DEFENDANT(S).	PREPAYMENT OF FILING FEES WITH DECLARATION IN SUPPORT

I, _

2.

_____, declare under penalty of perjury, that the following is

true and correct; that I am the prisoner-plaintiff in the above entitled case; that in support of my request to proceed without prepayment of fees under 28 U.S.C. Section 1915, I declare that because of my poverty I am unable to pay the full costs of said proceedings or to give security therefore and that I am entitled to redress.

I further declare under penalty of perjury that the responses which I have made to the questions and instructions below are true, correct and complete.

1. Are you presently employed in prison? \Box Yes \Box No.	1		.1	1 1	· · •		
	1.	Are you	presently	employed	in prison?	⊥res	⊔No

a. If the answer is yes, state the number of hours you work per week and the hourly rate of pay:

b.	State the place of your incarceration		
	Have the institution fill out the Certificate portion of the trust account statement showing transactions for the particular showing transacting transactions for the particular showing transacting transacti		
	fust account statement showing transactions for the pa	ast six mon	uus.
Ha	ve you received, within the past twelve months, any mo	ney from a	ny of the following sources?
a.	Business, profession or form of self-employment?	□Yes	□No
b.	Rent payments, interest or dividends?	□Yes	□No
c.	Pensions, annuities or life insurance payments?	□Yes	□No
d.	Gifts or inheritances?	□Yes	□No
e.	Any other income (other than listed above)?	□Yes	□No

f. Loans?

If the answer to any of the above is yes, describe such source of money and state the amount received from each

 \Box Yes \Box No

source during the past twelve (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.) □ Yes □ 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 *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)? □ Yes □ No

If the answer is yes, describe the property and state it approximate value:

- 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 fine 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 am required by statute to pay the full amount of the filing fees for this case, regardless of my forma pauperis status and the disposition of this case. I further authorize the prison officials at this institution to assess, collect and forward to the Court the full amount of these fees, in monthly payments based on the average of deposits to or balance in my prison trust account in accordance with 28 U.S.C. Section 1915.

Prisoner-Plaintiff (Signature)

CERTIFICATE OF AUTHORIZED OFFICER

I hereby certify that the Prisoner-Plaintiff herein has credit in the	sum of \$	on account at
the	institution where Prisoner-Plaintiff is co	onfined.

I further certify that during the past six months the applicant's average monthly balance was \$______. I further certify that during the past six months the average of monthly deposits to the applicant's account was\$______.

A certified copy of the prisoner-plaintiff's trust account statement for the last six (6) months is attached.

Date

Authorized Officer of Institution (Signature)