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- c. Pensions, annuities or life insurance payments: ___ Yes ___ No
- d. Disability or workers compensation payments: ___ Yes ___ No
- e.. Gifts or inheritances: ___ Yes ___ No
- f. Any other sources: ___ Yes ___ No

If the answer to any of the above is "yes," describe by that item each source of money. Also state the amount received **and** what you expect you will continue to receive (attach an additional sheet if necessary).

4. Do you have cash (includes balance of checking or savings accounts)? ___ Yes ___ No

If "yes" state the total amount: _____

5. Do you own any real estate, stocks, bonds, securities, other financial instruments, automobiles or other valuable property? ___ Yes ___ No

If "yes" describe the property and state its value: _____

6. Do you have any other assets? ___ Yes ___ No

If "yes," list the asset(s) and state the value of each asset listed:

7. List all persons dependent on you for support, stating your relationship to each person listed and how much you contribute to their support.

IMPORTANT: **This form must be dated and signed below in order for the court to consider your application.**

I hereby authorize the agency having custody of me to collect from my trust account and forward to the Clerk of the United States District Court payments in accordance with 28 U.S.C. section 1915(b)(2).

DATE

SIGNATURE OF APPLICANT

NOTE: Within sixty days from the date of this application you must forward to the court a certified copy of your prison trust account statement showing transactions for the past six months.

(Revised 01/2008)