AO 240 (Rev. 9/96)

| UNITED STATES DISTRICT COURT | | | | | | | | | |
|------------------------------|--|--|----------------------|--|--|--|--|--|--|
| | | EASTERN | District (| of | CALIFORNIA | | | | |
| Plaintiff V. | | | W | APPLICATION TO PROCEED WITHOUT PREPAYMENT OF FEES AND AFFIDAVIT | | | | | |
| | | Defendant | CA | ASE NUMBER: | | | | | |
| I, _ | declare that I am the (check appropriate box) | | | | | | | | |
| □ŗ | petiti | oner/plaintiff/movant | □ other | | | | | | |
| und | ler 28 | | hable to pay the | | d without prepayment of fees or costs proceedings and that I am entitled to the | | | | |
| In s | suppo | ort of this application, I answer the | following quest | ions under per | nalty of perjury: | | | | |
| 1. | Are | e you currently incarcerated? | \Box Yes | \Box No | (If "No," go to Part 2) | | | | |
| | If " | Yes," state the place of your incar | ceration | | | | | | |
| | Are | re you employed at the institution? Do you receive any payment from the | | | | | | | |
| | Attach a ledger sheet from the institution(s) of your incarceration showing at least the past six months' transactions. | | | | | | | | |
| 2. | Are | you currently employed? | \Box Yes | □ No | | | | | |
| | a. If the answer is "Yes," state the amount of your take-home salary or wages and pay period and give the name and address of your employer. | | | | | | | | |
| | b. | b. If the answer is "No," state the date of your last employment, the amount of your take-home salary or wages and pay period and the name and address of your last employer. | | | | | | | |
| 3. | In the past 12 twelve months have you received any money from any of the following sources? | | | | | | | | |
| | a. b. c. d. e. f. | Business, profession or other self Rent payments, interest or divide Pensions, annuities or life insura Disability or workers compensat Gifts or inheritances Any other sources | ends nce payments | □ Yes □ Yes □ Yes □ Yes □ Yes □ Yes | □ No □ No □ No □ No □ No □ No | | | | |

If the answer to any of the above is "Yes," describe, on the following page, each source of money and state the amount received and what you expect you will continue to receive.

| 4. | Do you have any cash or checking or savings accounts? | \Box Yes | □ No | |
|----|---|--------------------|-------------------------|-----------|
| | If "Yes," state the total amount. | | | |
| 5. | Do you own any real estate, stocks, bonds, securities, other thing of value? \Box Yes \Box No | r financial instru | ments, automobiles or a | any other |

If "Yes," describe the property and state its value.

6. List the persons who are dependent on you for support, state your relationship to each person and indicate how much you contribute to their support.

I declare under penalty of perjury that the above information is true and correct.

Date

Signature of Applicant

NOTICE TO PRISONER: A Prisoner seeking to proceed IFP shall submit an affidavit stating all assets. In addition, a prisoner must attach a statement certified by the appropriate institutional officer showing all receipts, expenditures, and balances during the last six months in your institutional accounts. If you have multiple accounts, perhaps because you have been in multiple institutions, attach one certified statement of each account.