

1 UNITED STATES DISTRICT COURT  
2 FOR THE NORTHERN DISTRICT OF CALIFORNIA

3 **INSTRUCTIONS FOR PRISONER'S**  
4 **IN FORMA PAUPERIS APPLICATION**

5 You must submit to the court a completed Prisoner's In Forma Pauperis Application if  
6 you are unable to pay the entire filing fee at the time you file your complaint or petition. Your  
7 application must include copies of the prisoner trust account statement showing transactions  
8 for the last six months and a certificate of funds in prisoner's account, signed by an authorized  
9 officer of the institution.

10 **A. Non-habeas Civil Actions**

11 Effective April 9, 2006, the filing fee for any civil action other than a habeas is  
12 \$350.00. Even if you are granted leave to proceed in forma pauperis, you must still pay the  
13 full amount of the court's filing fee, but the fee will be paid in several installments. 28 U.S.C.  
14 § 1915.

15 You must pay an initial partial filing fee of 20 percent of the greater of (a) the average  
16 monthly deposits to your account for the 6-month period immediately before the complaint  
17 was filed or (b) the average monthly balance in your account for the 6-month period  
18 immediately before the complaint was filed. The court will use the information provided on  
19 the certificate of funds and the trust account statement to determine the filing fee immediately  
20 due and will send instructions to you and the prison trust account office for payment if in  
21 forma pauperis status is granted.

22 After the initial partial filing fee is paid, your prison's trust account office will forward  
23 to the court each month 20 percent of the most recent month's income to your prison trust  
24 account, to the extent the account balance exceeds ten dollars (\$10.00). Monthly payments  
25 will be required until the full filing fee is paid. If you have no funds over ten dollars (\$10.00)  
26 in your account, you will not be required to pay part of the filing fee that month.

27 **If your application to proceed in forma pauperis is granted, you will be liable for  
28 the full \$350.00 filing fee even if your civil action is dismissed. That means the court will  
continue to collect payments until the entire filing fee is paid. However, if you do not  
submit this completed application the action will be dismissed without prejudice and the  
filing fee will not be collected.**

29 **B. Habeas Actions**

30 The filing fee for a habeas action is \$5.00. If you are granted leave to proceed in  
31 forma pauperis you will not be required to pay any portion of this fee. If you are not granted  
32 leave to proceed in forma pauperis you must pay the fee in one payment and not in  
33 installments. **If you use a habeas form to file a non-habeas civil action, you will be  
34 required to pay the \$350.00 filing fee applicable to all non-habeas civil actions.**

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**UNITED STATES DISTRICT COURT  
NORTHERN DISTRICT OF CALIFORNIA**

Plaintiff,

vs.

Defendant.

CASE NO. \_\_\_\_\_

**PRISONER'S  
APPLICATION TO PROCEED  
IN FORMA PAUPERIS**

I, \_\_\_\_\_, declare, under penalty of perjury that I am the plaintiff in the above entitled case and that the information I offer throughout this application is true and correct. I offer this application in support of my request to proceed without being required to prepay the full amount of fees, costs or give security. I state that because of my poverty I am unable to pay the costs of this action or give security, and that I believe that I am entitled to relief.

In support of this application, I provide the following information:

- Are you presently employed? Yes \_\_\_ No \_\_\_  
If your answer is "yes," state both your gross and net salary or wages per month, and give the name and address of your employer:  
Gross: \_\_\_\_\_ Net: \_\_\_\_\_  
Employer: \_\_\_\_\_  
\_\_\_\_\_

1 If the answer is "no," state the date of last employment and the amount of the gross and net  
2 salary and wages per month which you received. (If you are imprisoned, specify the last  
3 place of employment prior to imprisonment.)

4 \_\_\_\_\_  
5 \_\_\_\_\_  
6 \_\_\_\_\_

7 2. Have you received, within the past twelve (12) months, any money from any of the  
8 following sources:

- 9 a. Business, Profession or Yes \_\_\_ No \_\_\_  
10 self employment
- 11 b. Income from stocks, bonds, Yes \_\_\_ No \_\_\_  
12 or royalties?
- 13 c. Rent payments? Yes \_\_\_ No \_\_\_
- 14 d. Pensions, annuities, or Yes \_\_\_ No \_\_\_  
15 life insurance payments?
- 16 e. Federal or State welfare payments, Yes \_\_\_ No \_\_\_  
17 Social Security or other govern-  
18 ment source?

19 If the answer is "yes" to any of the above, describe each source of money and state the amount  
20 received from each.

21 \_\_\_\_\_  
22 \_\_\_\_\_

23 3. Are you married? Yes \_\_\_ No \_\_\_

24 Spouse's Full Name: \_\_\_\_\_

25 Spouse's Place of Employment: \_\_\_\_\_

26 Spouse's Monthly Salary, Wages or Income:

27 Gross \$ \_\_\_\_\_ Net \$ \_\_\_\_\_

28 4. a. List amount you contribute to your spouse's support:\$ \_\_\_\_\_

1           b.     List the persons other than your spouse who are dependent upon you for  
 2                     support and indicate how much you contribute toward their support. (NOTE:  
 3                     For minor children, list only their initials and ages. DO NOT INCLUDE  
 4                     THEIR NAMES.).

5 \_\_\_\_\_  
 6 \_\_\_\_\_

7     5.     Do you own or are you buying a home?                     Yes \_\_\_ No \_\_\_  
 8     Estimated Market Value: \$ \_\_\_\_\_ Amount of Mortgage: \$ \_\_\_\_\_

9     6.     Do you own an automobile?                                     Yes \_\_\_ No \_\_\_  
 10    Make \_\_\_\_\_ Year \_\_\_\_\_ Model \_\_\_\_\_  
 11    Is it financed? Yes \_\_\_ No \_\_\_ If so, Total due: \$ \_\_\_\_\_  
 12    Monthly Payment: \$ \_\_\_\_\_

13    7.     Do you have a bank account? Yes \_\_\_ No \_\_\_ (Do not include account numbers.)  
 14    Name(s) and address(es) of bank: \_\_\_\_\_  
 15    \_\_\_\_\_

16    Present balance(s): \$ \_\_\_\_\_

17    Do you own any cash? Yes \_\_\_ No \_\_\_ Amount: \$ \_\_\_\_\_

18    Do you have any other assets? (If "yes," provide a description of each asset and its estimated  
 19    market value.) Yes \_\_\_ No \_\_\_

20 \_\_\_\_\_

21    8.     What are your monthly expenses?

22    Rent: \$ \_\_\_\_\_ Utilities: \_\_\_\_\_

23    Food: \$ \_\_\_\_\_ Clothing: \_\_\_\_\_

24    Charge Accounts:

<u>Name of Account</u>	<u>Monthly Payment</u>	<u>Total Owed on This Acct.</u>
25 _____	\$ _____	\$ _____
26 _____	\$ _____	\$ _____
27 _____	\$ _____	\$ _____
28 _____	\$ _____	\$ _____

1 9. Do you have any other debts? (List current obligations, indicating amounts and to  
2 whom they are payable. Do not include account numbers.)

3 \_\_\_\_\_  
4 \_\_\_\_\_

5 10. Does the complaint which you are seeking to file raise claims that have been presented  
6 in other lawsuits? Yes \_\_\_\_ No \_\_\_\_

7 Please list the case name(s) and number(s) of the prior lawsuit(s), and the name of the court in  
8 which they were filed.

9 \_\_\_\_\_  
10 \_\_\_\_\_

11 I consent to prison officials withdrawing from my trust account and paying to the court  
12 the initial partial filing fee and all installment payments required by the court.

13 I declare under the penalty of perjury that the foregoing is true and correct and  
14 understand that a false statement herein may result in the dismissal of my claims.

15 \_\_\_\_\_  
16 \_\_\_\_\_

17 DATE

SIGNATURE OF APPLICANT

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Case Number: \_\_\_\_\_

**CERTIFICATE OF FUNDS**  
**IN**  
**PRISONER'S ACCOUNT**

I certify that attached hereto is a true and correct copy of the prisoner's trust account statement showing transactions of \_\_\_\_\_ for the last six months  
[prisoner name]  
\_\_\_\_\_ where (s)he is confined.  
[name of institution]

I further certify that the average deposits each month to this prisoner's account for the most recent 6-month period were \$ \_\_\_\_\_ and the average balance in the prisoner's account each month for the most recent 6-month period was \$ \_\_\_\_\_.

Dated: \_\_\_\_\_  
[Authorized officer of the institution]