Simpson v. USA et al Doc. 4 Att. 1

UNITED STATES DISTRICT COURT

for the Southern District of Illinois

CONSENT FORM -- IN FORMA PAUPERIS PROCEEDINGS

CASE NAME: David L. Simpson, 08701-026 CASE NUMBER: 17-563-JPG

Instructions to Incarcerated Plaintiff/Petitioner:

By completing this form, which incorporates provisions of the Prison Litigation Reform Act of 1995, 28 U.S.C. § 1915 (as amended), you are authorizing the Institution where you are confined ("the Institution") to pay to the Clerk of the United States District Court, Southern District of Illinois, the [\$350.00 or \$505.00?] [district court/appellate court] filing fee ("filing fee") from your prison account for this action.

fee ("filing fee") from yo	ur prison account for this action.	
ID #applied toward the filing account as soon as they b (a) 20% of t date I filed this action (as (b) 20% of t	_, authorize officials at the Institution fee. Institution officials are authorisecome available. This first payment the average monthly deposits to my noted above); or the average monthly balance in my an officials are authorized to pay to the	(print name), on to withdraw a first payment from my account that will be zed to pay to the Clerk this first payment from funds in my t will be the greater of the following amounts: account for the 6-month period immediately preceding the account for that 6-month period. the Clerk this first payment from funds in my account as soon
the filing fee is paid. The my account. Institution	ese additional monthly payments wa	ional monthly payments from my account until the balance of ill be equal to 20% of all of the preceding month's deposits to nents for me by deducting from my account all monies on
monthly payments to the		es of my case, I authorize the Institution to continue making tount of the filing fee is paid. This means that regardless of EENTIRE FILING FEE.
4. Additionally, the Court may enter a JUDGMENT AGAINST ME FOR PAYMENT OF COSTS at the conclusion of this matter to include any unpaid portion of the required filing fee. If the Court does so, I also authorize prison officials or custodial agents to pay from my prison account to the Clerk of this Court THE FULL AMOUNT OF THE COSTS ORDERED, using the installment payment plan explained above.		
	or custodial agency shall assume the	ncy, I hereby consent that this authorization will continue to he duties of collecting and forwarding any remaining monthly

When this form is complete and signed, return it to the following address:

Signature of Plaintiff:_____

Clerk of the Court
United States District Court
Southern District of Illinois
750 Missouri Avenue
P. O. Box 249
Foot St. Lovig, Illinois 62202

East St. Louis, Illinois 62202

PS-13 Rev. 4/12 Date: